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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04574

1. Corporation Name

HONEYWORD FOUNDATION, INC.

101112-90043-20

Principal Place of Business
3921 TOPSAIL DRIVE
COLORADO SPRINGS CO 80918
US

Mailing Address
P.O. BOX 25189
COLORADO SPRINGS CO 80936-5189
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

08/06/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-2447387

Applied For

☒ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ NO \$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution ☐ NO \$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOPER, EMMETT
2204 EXMOOR ROAD
TAMPA FL 33629

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VST ☐ DELETE

NAME COOPER, LEA M.

STREET ADDRESS 3921 TOPSAIL DRIVE
COLORADO SPRINGS CO 80918

CITY-ST-ZIP

TITLE D ☐ DELETE

NAME COOPER, LEA M.

STREET ADDRESS 3921 TOPSAIL DRIVE
COLORADO SPRINGS CO 80918

CITY-ST-ZIP

TITLE CPD ☐ DELETE

NAME COOPER, EMMETT A.

STREET ADDRESS 3921 TOPSAIL DRIVE
COLORADO SPRINGS CO 80918

CITY-ST-ZIP

TITLE CEO ☐ DELETE

NAME COOPER, EMMETT A.

STREET ADDRESS 3921 TOPSAIL DRIVE
COLORADO SPRINGS CO 80918

CITY-ST-ZIP

TITLE D ☐ DELETE

NAME ANDERSON, JIM

STREET ADDRESS 1815 CRAIG ROAD
AURORA NE 68803

CITY-ST-ZIP

TITLE D ☐ DELETE

NAME EMINETH, GARY

STREET ADDRESS 8142 EAST GRAY ROAD
SCOTTSDALE AZ 85260

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE OF EMMETT COOPER

1/6/99 719-599-9221

CR2E037 (1/98)