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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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BRIGADIER GENERAL MORGAN S. TYLER SCHOLARSHIP FU

Principal Place of Business Mailing Address C/O WILLIAM A. BINGHAM. JR. C/O WILLIAM A. BINGHAM, JR. BI PAINE DRIVE SE 81 PAINE DRIVE SE WINTER HAVEN FL 33884 WINTER HAVEN FL 33884-2320 3. Date Incorporated or Qualified 3a. Date of Last Report 11/14/1985 06/21/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2650078 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes 🔀 No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BINGHAM, WILLIAM A., JR. В2 Street Address (P.O. Box Number is Not Acceptable) 81 PAINE DRIVE SE 83 WINTER HAVEN FL 33884 City 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 (NOTF: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NAME BINGHAM, JR., WILLIAM A. 1.2 NAME STREET ADDRESS 81 PAINE DR. S.E. 1.3 STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change Addition 2.1 TITLE **SNIV**ELY, JR., HARVEY B 2.2 NAME 604 W. LAKE OTIS DR. STREET ADDRESS 2.3 STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME ROBINSON, WILLIAM C. 3.2 NAME 4089 ROLLINGS OAK DRIVE STREET ADDRESS 3.3 STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP 3.4. CITY - ST - ZIP T/TI F X DELETE X Change Addition 4.1 TITLE NAME CULTON, ROBERT C. B. JOE SCHROEDER 4. 2 NAME 2328 VILLAGE GREEN BLVD STREET ADDRESS 4.3 STREET ADDRESS 16 BRIDG WATER DRIVE S E PLANT CITY FL CITY-ST-ZIP 4.4 CITY - ST - ZIP WINTER HAVEN FL 33884 DELETE TITLE 5.1 TITLE Change ___ Addition NAME MCRARRITY, SHIRLEY 5.2 NAME 113 HOLMES PLACE STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 5.4 CITY - ST - ZIP TITLE X DELETE Change 6.1 TITLE Addition NAME WOLGAST, MARVIN R. 6.2 NAME BERNIHAL, AUGUST 2347 BIRCH LANE STREET ADDRESS 6.3 STREET ADDRESS 665 w. LAKE OTIS DRIVE 14. Ido 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. CITY-ST-ZIP

FILED

Mar 17 1997 8:00am

Secretary of State