

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N13949** (5)

1. Corporation Name

**BELIZE INTERNATIONAL EDUCATIONAL FOUNDATION, INC
ORPORATED**

Principal Place of Business

P. O. BOX 555
LAKELAND FL 33801

Mailing Address

P. O. BOX 555
LAKELAND FL 33801

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONES, PAUL A.
2252 EAST MEADOWS ROAD
LAKELAND FL 33813**

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

TITLE **D** ☐ DELETE
NAME **WIREMAN, KENNETH**
STREET ADDRESS **1000 LONGFELLOW BLVD.**
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☐ DELETE
NAME **SMITH, EDDIE**
STREET ADDRESS **4090 ROLLINS OAK DR.**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **D** ☐ DELETE
NAME **JONES, PAUL A.**
STREET ADDRESS **2252 EASTMEADOWS ROAD**
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☐ DELETE
NAME **MILTON, CHARLES H**
STREET ADDRESS **5658 EL DORADO AVE.**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **D** ☐ DELETE
NAME **CLARKE, WILLIE F**
STREET ADDRESS **219 MIAMI ST.**
CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **D** ☐ DELETE
NAME **REYES, JOHN**
STREET ADDRESS **2302 EASTMEADOWS RD.**
CITY-ST-ZIP **LAKELAND FL 33813**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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.

SIGNATURE:

[Signature] **TYPED REQUIRED**

FILED
Jan 27 1998 8:00am
Secretary of State



3. Date Incorporated or Qualified

03/21/1986

4. FEI Number

59-2669818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

CR2E037 (10/97)