

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90002 042 ****61.25

DOCUMENT # N13949

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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30

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 ☐

\$5.00

May Be

Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/99 941-644-8734

CR2E037 (5/99)