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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N30851

1. Corporation Name

HY-TEK FOUNDATION FOR THE DISABLED, INC.

Principal Place of Business

C/O WILLIAM R. BATEMAN
121 BROWNING CIRCLE SE
WINTER HAVEN FL 33884

Mailing Address

C/O WILLIAM R. BATEMAN
121 BROWNING CIRCLE SE
WINTER HAVEN FL 33884



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/24/1989

4. FEI Number

58-9159005

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

9. Name and Address of Current Registered Agent

**BATEMAN, WILLIAM R.
121 BROWNING CIRCLE SE
WINTER HAVEN FL 33884**

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 ☐ DELETE

NAME **PD**
BATEMAN, WILLIAM R.
STREET ADDRESS **121 BROWNING CIRCLE SE**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ DELETE

NAME **D**
BATEMAN, NEAL R.
STREET ADDRESS **121 BROWNING CIRCLE SE**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ DELETE

NAME **TD**
BATEMAN, DEAN K.
STREET ADDRESS **121 BROWNING CIRCLE SE**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ DELETE

NAME **SD**
BATEMAN, SUZANNE E.
STREET ADDRESS **121 BROWNING CIRCLE SE**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ DELETE

NAME **D**
ANDERSON, GLENN
STREET ADDRESS **1128 FIRST ST SOUTH**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ DELETE

NAME **D**
DUNCAN, LORRAINE
STREET ADDRESS **113 LAKE FLORENCE DRIVE NO**
CITY-ST-ZIP **WINTER HAVEN FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **D**
Gene West
1.2 NAME
1.3 STREET ADDRESS **201 Magnolia Avenue, S. W.**
1.4 CITY-ST-ZIP **Winter Haven, FL 33882**

2.1 TITLE ☐ Change ☒ Addition

NAME **D**
Lee Van Morkhoven
2.2 NAME
2.3 STREET ADDRESS **2008 8th Street, N. W.**
2.4 CITY-ST-ZIP **Winter Haven, FL 33881**

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:

William R. Bateman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99
Date

941-324-1117
Daytime Phone #

CR2E037 (11/98)