

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90071 034 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N31061**

1. Corporation Name  
**THE SECRIST FAMILY FOUNDATION, INC.**

Principal Place of Business 133 W SWOOPE AVE <del>APT 301B</del> Delete WINTER PARK FL 32789 US	Mailing Address P O BOX 2673 WINTER PARK FL 32790 US
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2. Principal Place of Business 21 <u>133 W. SWOOPE AVE</u>	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/08/1989
Suite, Apt. #, etc. 22 <u>(NONE)</u>	Suite, Apt. #, etc. 27	4. FEI Number 59-2940793
City & State 23 <u>WINTER PARK</u>	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 <u>32789</u>	Country 25 <u>USA</u>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SECRIST, ROBERT L., JR. 133 W SWOOPE AVE <del>301 B</del> DELETE WINTER PARK FL 32789	10. Name and Address of New Registered Agent 81 Name <u>SECRIST ROBERT L. JR</u> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <u>133 W. SWOOPE AVE</u> 84 City <u>WINTER PARK</u> FL 85 Zip Code <u>32789</u>
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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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRIST, ROBERT L., JR.	1.2 NAME	
STREET ADDRESS	133 W SWOOPE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRIST, PATRICIA A.	2.2 NAME	
STREET ADDRESS	133 W SWOOPE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRIST, RONALD A.	3.2 NAME	
STREET ADDRESS	107 COUNTRYSIDE CT.	3.3 STREET ADDRESS	<u>380 SPRUCE STREET</u>
CITY-ST-ZIP	BLACKSBURG VA	3.4 CITY-ST-ZIP	<u>BOLLDER, CO 80302</u>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 a letter like empowered.

SIGNATURE: Patricia A Secrist 4/26/99 (407) 599-0574  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)