

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90057 012 ****61.25

DOCUMENT # N34953

1. Corporation Name

TEYA ALBERTANI FOUNDATION FOR INVOLVEMENT, INC.

Principal Place of Business

~~378 WHOOPING LOOP
SUITE 1208
ALTAMONTE SPRINGS FL 32701
US~~

Mailing Address

5128 BRYWILL CIRCLE
SARASOTA FL 34234



2. Principal Place of Business

21

Suite, Apt. #, etc.

5128 Brywill Circle

City & State

Sarasota FL

Zip

34234

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

5128 Brywill Circle

City & State

Sarasota FL

Zip

34234

Country

29

30

3. Date Incorporated or Qualified

10/30/1989

4. FEI Number

59-2981976

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

SIMMONS, CLAYTON D.
200 W. FIRST STREET, SUITE 22
SANFORD FL 32772-1330

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
D
DEWALT, JUDITH M.
STREET ADDRESS
5128 BRYWILL CIRCLE
CITY-ST-ZIP
SARASOTA FL 34234

TITLE ☐ DELETE

NAME
D
HOUGHINS, DORIS
STREET ADDRESS
114 WILD HOLLY
CITY-ST-ZIP
LONGWOOD FL 32779

TITLE ☐ DELETE

NAME
D
WACHHOLDER, BARRY
STREET ADDRESS
7501 NW 4TH STREET #112
CITY-ST-ZIP
PLANTATION FL 33317

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Michael Dewalt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.3.99

CR2E037-41/98