

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
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90072 005 ****61.25

DOCUMENT # N43565

1. Corporation Name

REESE SCHOLARSHIP FUND, INC.

Principal Place of Business
1302 S.W. 25TH PLACE
BOYNTON BEACH FL 33426

Mailing Address
1302 S.W. 25TH PLACE
BOYNTON BEACH FL 33426



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/20/1991

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0266964

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CATO, MICHAEL
1302 S.W. 25 PLACE
BOYNTON BEACH FL 33426

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, for 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME CATO, MICHAEL D.
STREET ADDRESS 1302 S.W. 25 PLACE
CITY-ST-ZIP BOYNTON BEACH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME KOEN, KERRY B.
STREET ADDRESS 2333 GLADES ROAD
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME D
2.3 STREET ADDRESS Akers, Chuck
2.4 CITY-ST-ZIP 803 W. Park St.
Okeechobee, FL 34974

TITLE S ☐ DELETE
NAME HARDEE, BETH
STREET ADDRESS 1024 NORTHEAST 14 ST, BLDG C
CITY-ST-ZIP GAINESVILLE FL 32602

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME RANDALL, STEVE
STREET ADDRESS 225 NEWBURYPORT AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE P ☒ DELETE
NAME BERGEL, PETER T
STREET ADDRESS 10500 N. MILITARY TRAIL
CITY-ST-ZIP PALM BEACH GARDENS FL 33410-4634

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME D
5.3 STREET ADDRESS Painter, Steve
5.4 CITY-ST-ZIP 180 W. Lyman Ave
Winter Park, FL 32780

TITLE T ☐ DELETE
NAME APFELBECK, ANTHONY
STREET ADDRESS 400 ALEXANDRIA BLVD.
CITY-ST-ZIP OVIEDO FL 32765

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-99 (561)243-7420

Date

Daytime Phone #

CR2E037 (1/98)