

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 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90129 023 \*\*\*\*61.25

DOCUMENT # N44590

1. Corporation Name

RIGGS/SCHNEIDER FOUNDATION, INC.

Principal Place of Business

5108 S. ORANGE  
ORLANDO FL 32809  
US

Mailing Address

5108 S. ORANGE  
ORLANDO FL 32809  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/05/1991

4. FEI Number

59-3086942

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

TRICKEL, WILLIAM, JR.  
28 W. CENTRAL BLVD  
4TH FLOOR  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name William C. Airth, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)  
28-42 W. Central Blvd.

83 4th Floor

84 City Orlando

FL

85 Zip Code  
32801

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

W.C. AIRTH, JR.

3/11/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME RIGGS, THOMAS W.  
STREET ADDRESS 428 OAKLYNN DR  
CITY-ST-ZIP ORLANDO FL

TITLE VD ☐ DELETE  
NAME RIGGS, ALICE S.  
STREET ADDRESS 428 OAKLYNN DR  
CITY-ST-ZIP ORLANDO FL

TITLE STD ☐ DELETE  
NAME BOWEN, KATHY J.  
STREET ADDRESS 112 N SILVER CLUSTER CT  
CITY-ST-ZIP LONGWOOD FL

TITLE D ☐ DELETE  
NAME RIGGS, TODD WALTER  
STREET ADDRESS 428 OAKLYNN DR  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE  
NAME AIRTH, WILLIAM C., JR.  
STREET ADDRESS 28 W CENTRAL BLVD  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME RIGGS, CORT T.  
1.3 STREET ADDRESS 403 OAK LYNN DRIVE  
1.4 CITY-ST-ZIP ORLANDO FL 32809

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-99 #028561245

CR2E037 (11/98)