

FILE NOW: FILING FEE IS \$61.25

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Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90030 027 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # N92000000670

1. Corporation Name

B.C.D.S. ALUMNI FOUNDATION OF FLORIDA, INC.

Principal Place of Business

**1069 MAIN ST
SEBASTIAN FL**

Mailing Address

**1069 MAIN ST
SEBASTIAN FL**



| | | | | | |
|--------------------------------|---------|---------------------|---------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/07/1992 | |
| 21 | | 26 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 59-3160969 | |
| 22 | | 27 | | Applied For Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | Country | Zip | Country | | |
| 24 | | 25 | | | |
| 29 | | 30 | | | |

9. Name and Address of Current Registered Agent

**LULICH, STEVEN
1069 MAIN ST
SEBASTIAN FL**

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 | | 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 | ABELL, CRAIG P | 1.2 NAME | |
| STREET ADDRESS | 851 E STATE RD 434 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EGGNATZ, LEE | 2.2 NAME | |
| STREET ADDRESS | 3705 GARFIELD ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FISCHER, HENRY A | 3.2 NAME | |
| STREET ADDRESS | 10725 US #1 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEBASTIAN FL 32958 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEDINA, JOSE | 4.2 NAME | |
| STREET ADDRESS | 5002 NW 18TH PL | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE FL 32605 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STANLEY, HAROLD | 5.2 NAME | |
| STREET ADDRESS | 2 SEAOAKS TER | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | OMOND BY THE SEA FL 32176 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOODREAU, GEORGE | 6.2 NAME | |
| STREET ADDRESS | 516 N MCARTHUR AVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY FL 32401 | 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY A. FISCHER

Date

Daytime Phone #

3/15/99

561-589-3159

CR2E037 (11/98)