

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 14 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # N92000000832 (7)**

1. Corporation Name

**CORNELIUS THE CENTURION FOUNDATION, A FOUNDATION  
FOR EDUCATION, RELIGIOUS AND CHARITABLE WORKS.**

Principal Place of Business

**2013 G. POWERS FERRY RD.  
MARIETTA GA 30067**

Mailing Address

**2013 G. POWERS FERRY RD.  
MARIETTA GA 30067**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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3. Date Incorporated or Qualified  
**12/17/1992**

3a. Date of Last Report  
**07/31/1995**

4. FEI Number  
**58-2085184**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAW, TIMOTHY J  
1575 SW 18 TERRACE  
OKEECHOBEE FL 34974**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE  
**PTD  
CORNELIUS, CHARLES S  
2013 G. POWERS FERRY RD.  
MARIETTA GA 30067**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE  
**D  
SHAW, TIMOTHY J  
200 NW 3RD ST.  
OKEECHOBEE FL 34972**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE  
**DS  
JONES, ROSEMARY  
5400 ROSWELL RD. L11  
ATLANTA GA 30342**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
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11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

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41 TITLE  
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51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

☐ Change ☐ Addition

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SIGNATURE:

*Charles S. Cornelius*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0018545

CR2E037 (3/96)