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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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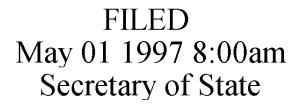
CORNELIUS THE CENTURION FOUNDATION, A FOUNDATION FOR EDUCATION, RELIGIOUS AND CHARITABLE WORKS,

Principal Place of Business

Mailing Address

2013 G. POWERS FERRY RD.

2013 G. POWERS FERRY RD.





MARIETTA GA	30067			M	IARIETTA GA 3000	57												
											3. Date incorpora 12/17/19	ted or Qu 992	alified	3a. Da	te of La 08/14]
2. Principal Place of Business					2a. Mailing Address						4. FEI Number					lied For	1	
						26 1575 SW 18th.			Terrace		58-2085184						Applicable	
Suite, Apt. #, etc.				27	Suite, Apt. #, etc.						5. Certificate of St	atus Desi	red			75 A	iditional juired	
City & State					City & State						6. Election Campa	aign Finar	ncing		\$5	00	Aay Be	1
23 Okee	chobee	≥	FL	28	<u> </u>	bee,	FL				Trust Fund Con	tribution					Fees	
Zip	ļ	Co	untry		Zip .	_	Count	•			8. This corporation		• —		_	er s.	199.032,	
24 34974	4	25	US	29		30	U.	<u>S</u>			Florida Statutes			Yes L				Ţ
	9, Name	and A	ddress of Current	Regi	stered Agent		<u> </u>				10. Name and Add	iress of i	New Reg	istered /	\gent			-
							8	י ויי	Name									
SHAW, TIMOTHY J							8	2 Street Address (P.O. Box Number is Not Acceptable)									1	
1575 SW 18 TERRACE								_		• • • • • • • • • • • • • • • • • • • •								_
OKEECH	iobee fl :	34974					B	3										
							8	4	City					FL	85	Zip C	ode	1
office or re agent. I an SIGNATURE	egistered ag n familiar wil	ent, or th, and	both, in the State o accept the obligat	f Flori ions c	ida. Such change of, Section 617.08	e was auti 503, Florid	horized I la Statut	by ti es	he corpo	oratio	ration submits this st in's board of director	atement t s. I hereb	or the pu	rpose of the app	changi ointmer	ng Ita It as r	registered egistered	
	Signature, typed	or printed	name of registered agen			(NOTE: R		gent	signatura re	quired	when reinstating)			DATE	BUBBB		101.40	ي ا
12.			OFFICERS AND	DIRE			13.				ADDITIONS/CHA	ANGES TO	OFFICE	ERS AND				800
TITLE	PTD		01.1.01.50.0		DELI	:IE	1.1 TITLE			PD.	Tidmodi	L T			Cha	nge	Addition	8
NAME			CHARLES S				1.2 NAMI	_		one	aw, Timoti	ny J	•		•			5
STREET ADDRESS			ers ferry RD.				1.3 STRE	ET AD			575 SE 18							Ų
CITY - ST - ZIP	MARIET	<u>ta ga</u>	30087				1.4 CITY		ZIP (<u>Ok</u> e	eechobee,	FL	349	<u>74 </u>				Ĺ
TITLE	D				☐ DELI	:16	2.1 TITLE		Ι,	ŢĮ	D.,				[] Cha	nge	Addition	1
NAME	SHAW,						2.2 NAM				effel, Rol							
STREET ADDRESS	200 NW						2.3 STRE	ET AC	•		28 NE 52no							1
CITY-ST-ZIP		HOBE	FL 34972				2. 4 CITY	-ST-			<u>eechobee,</u>	<u>FL</u>	<u> 349</u>	<u>72</u>				1
TITLE	DS				ķ DELI	ETE	3.1 TITLE	E		SD					Cha	nge	Addition	ŀ
NAME	JONES,						3.2 NAM	E	1	Wie	ersma, Tom	ni						1
STREET ADDRESS	5400 RC	DSWE	LL RD. L11				3.3 STRE	ET AD	DORESS A	408	8 SW 15th	. Sti	reet					
CITY - ST - ZIP	<u> Atlant</u>	A GA	30342				3.4. CITY	r-ST-	- ZIP (Oke	eechobee.	FJ.	349	74				_
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CITY-ST-ZIP							4.4 CITY	-ST-	ZIP									1
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NAME						1	5.2 NAM	E										
STREET ADDRESS							5.3 STRE	ET AL	DDRESS									l
City-St-ZIP							5.4 CITY	- ST-	ZIP									1
TITLE					☐ DELI	ETE	6.1 TITLE								☐ Cha	ube	Addition	1
NAME							6.2 NAM	Ε										1
STREET ADDRESS							6.3 STRE	ET AL	DDRESS .									
CITY-ST-ZIP							6.4 CITY		1									ŀ
14. I do hereb	y certify that	the in	formation supplied	with t	this filing does no	ot qualify f	or the ex	xem	ption sta	ted i	n Section 119.07(3)(i), Florida	Statutes	, I further	certify	that t	10	1
I am an of	ficer or direc	ctor of t	annual report or su the corporation or t 13 if changed, or	he rea	ceiver or trustee	empowere	ed to exe	ecut	ate and t te this re	hat m port (ny signature shall ha as required by Chap	ve the sa ter 617, f	me legal Iorida St	effect as atutes; a	if made nd that	e und my na	er oath; thai ime	11

April 23,1997