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May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 300673. Date Incorporated or Qualified
12/17/19923a. Date of Last Report
08/14/1996

2. Principal Place of Business

21 1575 SW 18th. Terrace

Suite, Apt. #, etc.

22

City & State

23 Okeechobee, FL

Zip Country

24 34974

25 US

2a. Mailing Address

26 1575 SW 18th. Terrace

Suite, Apt. #, etc.

27

City & State

28 Okeechobee, FL

Zip Country

29 34974

30 US

4. FEI Number

58-2085184

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

SHAW, TIMOTHY J
1575 SW 18 TERRACE
OKEECHOBEE FL 34974

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

TITLE PTD ☒ DELETE
NAME CORNELIUS, CHARLES S
STREET ADDRESS 2013 G. POWERS FERRY RD.
CITY-ST-ZIP MARIETTA GA 30067TITLE D ☐ DELETE
NAME SHAW, TIMOTHY J
STREET ADDRESS 200 NW 3RD ST.
CITY-ST-ZIP OKEECHOBEE FL 34972TITLE DS ☒ DELETE
NAME JONES, ROSEMARY
STREET ADDRESS 5400 ROSWELL RD. L11
CITY-ST-ZIP ATLANTA GA 30342TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Shaw, Timothy J.
1.3 STREET ADDRESS 1575 SE 18th. Terr.
1.4 CITY-ST-ZIP Okeechobee, FL 349742.1 TITLE TD ☐ Change ☒ Addition
2.2 NAME Rieffel, Robert
2.3 STREET ADDRESS 3028 NE 52nd. Drive
2.4 CITY-ST-ZIP Okeechobee, FL 349723.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME Wiersma, Toni
3.3 STREET ADDRESS 408 SW 15th. Street
3.4 CITY-ST-ZIP Okeechobee, FL 349744.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Timothy J. Shaw*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: April 23, 1997

Daytime Phone # 941 761 4843

0077155

CR2E037 (9/96)