


FILE NOW: FILING FEE IS \$61.25

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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90154 048 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N92000000832					
1. Corporation Name CORNELIUS THE CENTURION FOUNDATION, A FOUNDATION FOR EDUCATION, RELIGIOUS AND CHARITABLE WORKS,					
Principal Place of Business 1575 SW 18TH TERRACE OKEECHOBEE FL 34974 US			Mailing Address 1575 SW 18TH TERRACE OKEECHOBEE FL 34974 US		



2. Principal Place of Business 21 3028 NE 52ND DRIVE Suite, Apt. #, etc.		2a. Mailing Address 26 3028 NE 52ND DRIVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/17/1992	
22 City & State 23 OKEECHOBEE, FL Zip Country 24 34972-8607 25 USA		27 City & State 28 OKEECHOBEE, FL Zip Country 29 34972-8607 30 USA		4. FEI Number 58-2085184 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 RIEFFEL, ROBERT D. 82 Street Address (P.O. Box Number is Not Acceptable) 3028 NE 52ND DRIVE 83 84 City OKEECHOBEE FL 85 Zip Code 34972			
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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 Robert D. Rieffel **ROBERT D. RIEFFEL** 29 April 1999
 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	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAW, TIMOTHY J			1.2 NAME	RIEFFEL, ROBERT D.		
STREET ADDRESS	1575 SE 18TH TERRACE			1.3 STREET ADDRESS	3028 NE 52ND DRIVE		
CITY-ST-ZIP	OKEECHOBEE FL 34974			1.4 CITY-ST-ZIP	OKEECHOBEE, FL 34972-8607		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAW, TIMOTHY J			2.2 NAME	SHAW, TIMOTHY J		
STREET ADDRESS	200 NW 3RD ST.			2.3 STREET ADDRESS	901 THOMPSON CIRCLE NW		
CITY-ST-ZIP	OKEECHOBEE FL			2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIEFFEL, ROBERT			3.2 NAME			
STREET ADDRESS	3028 NE 52ND DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE FL 34972			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WIERSMA, TONI			4.2 NAME			
STREET ADDRESS	408 SW 15TH STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE FL 34974			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: Robert D. Rieffel **ROBERT D. RIEFFEL** 29 April 1999 941-763-6990
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)