FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300000871 (4)

B.A.D.G.E. FOUNDATION, INC.

FILED May 26 1998 8:00am Secretary of State

4/21/198 (407/423.2765)

Principal Plac	e of Business	Mailing Address				r radskring den raten erint north north north north south south south south south south south		
3208 E. COLON	IIAL DR.	3208 E. COLONIAL DR.				3. Date Incorporated or Qualified		
#208		#208				03/12/1993		
ORLANDO FL 3	2803	ORLANDO FL 32803				4. FEI Number Applied For		
						59-3168172 Not Applica		
2. Principal P	lace of Business	2a. Mailing Address				69.75 Additional		
21	_	26	26			5. Certificate of Status Desired Fee Required		
Suite, Apt.	#, etc.	Suite, Apt #, etc.				6. Election Campaign Financing / \$5.00 May Be		
22		27				Trust Fund Contribution M Added to Fees		
City & State	е	City & State				7. Is this nonprofit corporation a homeowners association?		
23		28				☐ Yes ☑ No		
— Zip	Country	Zip	Count	ry		This corporation owes or has paid the current year Intangible		
24	25		30			Personal Property Tax due June 30. Yes No		
	9. Name and Address of Currer	ir waftereran Wasir	R	1	Name	10. Name and Address of New Registered Agent		
					Namo			
LABBY, I			8	2	Street Ad	Address (P.O. Box Number is Not Acceptable)		
	CHURCH ST.		8	1				
UKLAND	O FL 32801		٦	`				
			84	4	City	FL 85 Zip Code		
44 Durayant	to the new injury of Continon 617.060	00 and 617 4500. Florido Otat de	- the obs	Ţ				
office or r	egistered agent, or both, in the State	i of Florida. Such change was at	uthorized t	by f	the corpor	corporation submits this statement for the purpose of changing its register oration's board of directors. I hereby accept the appointment as registered		
agent. I a	m familiar with, and accept the oblig	ations of, Section 617. <mark>0503</mark> , Flor	rida Statute	es.		• • • • • •		
SIGNATURE								
12.	Signature, typed or printed name of registered ago	ont and lifte if applicable (NOTE: D.DIRECTORS	Registered A	geni	I signalure rec	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D OT TOURS AIN	DELETE	1.1 TITLE	_		Change Addit		
NAME	LABBY, ROBERT	C 2522.15	1.2 NAME					
STREET ADDRESS	708A E. CHURCH ST.		1.3 STREE	-	Dancee			
1	ORLANDO FL 32801		1		1			
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY - 2.1 TITLE		- 211	Change Addit		
NAME	PTACEK, MICHAEL		2.2 NAME					
STREET ADDRESS	1030 GREGORY DR.		1		nnress			
CITY-ST-ZIP	MAITLAND FL 32751			STREET ADDRESS City-St-Zip				
TITLE	D	DELETE	3.1 TITLE		4.11	Change Addit		
NAME	CHILDS, ROBERT		3.2 NAME	E				
STREET ADDRESS	1401 W. MICHIGAN ST		3.3 STREE		DORESS			
CITY+ST-ZIP	ORLANDO FL 32805-6123		3.4. CITY		1			
TITLE	-1	DELETE	4.1 TITLE			☐ Change ☐ Addit		
NAME			4. 2 NAM	1E		· —		
STREET ADDRESS			4.3 STREE	ET AI	DORESS			
CITY-ST-ZIP			4.4 CITY-	-ST-	- ŽIP			
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addit		
NAME			5.2 NAME	E				
STREET ADDRESS			5.3 STREE	ET A	DDRESS			
CITY-ST-ZIP			5.4 CITY-	-ST-	- ZIP			
TITLE		DELETE	6.1 TITLE			Change Addit		
NAME			6.2 NAME	E				
STREET ADDRESS			6.3 STREE	ET AI	DDRESS			
CITY-ST-ZIP			6.4 CITY-					
14. I hereby o	ertify that the information supplied w	ith this filing does not qualify for	r the exem	ptio	on stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information		
						nature shall have the same legal effect as if made under oath; that I am an required by Chapter 617, Florida Statutes; and that my name appears in		
Block 12	or Block 13 if changed, or on an atta	chment with an address.	ACCORD THE	. 10	,por 40 10	required by enaptor of the formula electrical, and that my harm appears in		