## 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 #**1. Corporation Name N93000001181 (7)

HILLIARD FAMILY FOUNDATION, INC.

## **FILED** May 01 1998 8:00am Secretary of State

- 1888 | 1888 | 1888 | 1888 | 1888 | 1888 | 1888 | 1888 | 1888 | 1888 | 1888 | 1888 | 1888 | 1888 | 1888 | 1888

|  |   |        |                                 |                  |   |   |                       |                                |                       |  | 1 PADAPADA DADA 18106 1874 BODAN QADAR DAPADA DAPADA                 | /BIB)              | 1 <b>18</b> 101 1161 1161 |  |
|--|---|--------|---------------------------------|------------------|---|---|-----------------------|--------------------------------|-----------------------|--|--|--------------------|---------------------------|--|
| Principal Place of Business Mailing Address  |   |        |                                 |                  |   |   |                       |                                |                       |  | g (Anglian and Jahon allet Antil Antil Antil Antil Antil Antil Antil | 10161 ILANI 91881  | 1 18101 (181 FOR1         |  |
| RT. 2. BOX 175   |   |        |                                 |                  | RT. 2. BOX 175                          |   |                       |                                |                       | 3. Date Incorporated or Qualified  |  |                    |                           |  |
| FLAGHOLE RO.   |   |        |                                 | FLAGHOLE RD.     |   |   |                       |                                |                       | ł  | 03/09/1993   |                    |                           |  |
| CLEWISTON FL 33440 CLEWISTON FL 33440  |   |        |                                 |                  |   |   |                       |                                |                       | 4.   | FEI Number   |                    | Applied For               |  |
|  |   |        |                                 |                  |   |   |                       |                                |                       |  | 65-0431778   | <u> </u>           | ot Applicable             |  |
| 2. Principal P   | lace of Busin                                   | ess    |                                 | 2a               | 2a. Mailing Address                     |   |                       |                                |                       | ١,   | . Certificate of Status Desired                                      | \$8.75             | Additional                |  |
| 21   |   |        | 26                              | 26               |   |   |                       |                                | D.                    | Centificate of Status Desired  |  | Required           |                           |  |
| Suite, Apt. #, etc.  |   |        |                                 |                  | Suite, Apt. #, etc.                     |   |                       |                                |                       | 6.   | Election Campaign Financing  | \$5.00             | May Be                    |  |
| 22   |   |        |                                 | 27               | 4 - · · · · · · · · · · · · · · · · · · |   |                       |                                |                       | ↓_   | Trust Fund Contribution  | Added              | to Fees                   |  |
| City & State   | ө   |        |                                 | $\vdash$         | City & State                            |   |                       |                                | ļ                     | 7.   | ls this nonprofit corporation a homeowne                             |                    | on?                       |  |
| 23 7in   |   |        | Country                         | 26               | Zip Country                             |   |                       |                                |                       | ☐ Yes ☐ No   |  |                    |                           |  |
| Zip  | ŀ   |        | Country                         | <del></del>      |   |   | Cours                 | Ournry                         |                       | 8.   | 5. This corporation owes or has paid the cu                          |                    | ntangible<br>No           |  |
| 24]  |   | 25 and | Address of Current              | Registered Apent |   |   | —                     | _                              |                       | Personal Property Tax due June 30. Yes  10, Name and Address of New Registered Agent |  |                    | □ NO                      |  |
| <del> </del>   | #, VIEILLE                                      |        | Addition of California          | 1408             | Hereu rigen                             |   |                       | υT                             | Name                  | 10.  | . Hattle and modifies of their configuration                         | vAair.             |                           |  |
| RIEF, FRANK J III  |   |        |                                 |                  |   |   | Ľ                     | 12                             |                       | ddress (P.O. Box Number is Not Acceptable)   |  |                    |                           |  |
| 100 NORTH TAMPA ST.  |   |        |                                 |                  |   |   | L                     |                                | Street Address        | 88 (r  | ,P.O. BOX Number is Not Acceptable)                                  |                    |                           |  |
| SUITE 2900   |   |        |                                 |                  |   |   |                       | 33                             |                       |  |  |                    |                           |  |
| TAMPA FL 33602   |   |        |                                 |                  |   |   |                       | 34                             | City                  |  |  | 85 Zip             | Code                      |  |
|  |   |        |                                 |                  |   |   |                       |                                |                       |  | <u> </u>   | <b>-</b>     · · · |                           |  |
| 11. Pursuant to the provisions of Sections 817.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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 registere agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. |   |        |                                 |                  |   |   |                       |                                |                       |  |  |                    |                           |  |
| agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  |   |        |                                 |                  |   |   |                       |                                |                       |  |  |                    |                           |  |
| SIGNATURE .  |   |        |                                 |                  |   |   |                       |                                |                       |  |  |                    |                           |  |
| 12.  | Signature, typed                                | or by  | ofFICERS AND                    |                  |   |   |                       | gen                            | nt signature required |  | en refretating) DATE ADDITIONS/CHANGES TO OFFICERS AN                | N DIBECTO          | SPC IN 12                 |  |
| TITLE  | D   |        | OFFICENS AND                    | DIRE             | DELETE                                  |   | 1.1 TITLE             |                                | <del></del>           | <u>'</u>   | ADDITIONS/CHANGES TO OFFICERS AIN                                    | ☐ Change           |                           |  |
| NAME   | HILLIARO  | n 1:   | VE V                            |                  |   |   |                       | 1.2 NAME                       |                       |  |  | LI ORDINO          | L. Houleon                |  |
|  |   |        | UE A<br>175, FLAGHOLE RD        | ,                | 1 · · · ·                               |   |                       | 1.3 STREET ADDRESS             |                       |  |  |                    |                           |  |
| STREET ADDRESS   |   |        | 178, FLAGHOLE ND<br>1 FL 33440  | 1.               |   |   |                       | 1.4 CITY-ST-ZIP                |                       |  |  |                    |                           |  |
| CITY-ST-ZIP<br>TITLE   | D   | IUIT   | FL 33440                        |                  | DELETE                                  |   | 2.1 TITLE             |                                | - ZIP                 |  |  | Change             | Addition                  |  |
| NAME   | _   |        |                                 |                  |   |   |                       |                                |                       |  |  | Las Vistarigo      | Fin Hannell               |  |
| STREET ADDRESS   |   |        |                                 | 1                |   |   | 22 NAM                | -                              |                       |  |  |                    |                           |  |
|  | A THEORY ALL ALL ALL ALL ALL ALL ALL ALL ALL AL |        |                                 |                  |   |   |                       |                                | ADDRESS               |  |  |                    |                           |  |
| CITY-ST-ZWP  | D   | 1011   | FL SUTTU                        |                  | DELETE                                  |   | 2.4 CITY<br>3.1 TITLE |                                | 1 - ZIP               | _  |  | [ ] Change         | Addition                  |  |
| NAME   | _   | n R    | ADRADA J                        |                  | <b>—</b>                                |   | 3.2 NAM               |                                |                       |  |  | Per August         |                           |  |
| STREET ADDRESS   |   |        |                                 |                  |   |   |                       | 3.2 NAME<br>3.3 STREET ADDRESS |                       |  |  |                    |                           |  |
| 1  |   |        | 175, FEAGHOLE ND<br>1 FL 33440  |                  | 3.4. CITY-                              |   |                       |                                |                       |  |  |                    |                           |  |
| CITY-ST-ZIP  | D   | 1014   | FL 33440                        | —                | ☐ DELETE                                |   | 4.1 TITLE             | _                              | 1-ZIP                 |  |  | Change             | Addition                  |  |
| NAME   | HILLIARD  | n 1    | OE M II                         |                  |   | 1 | 4. 2 NAM              |                                |                       |  |  | CT OWNER           |                           |  |
| STREET ADDRESS   |   |        | 175, FLAGHOLE RD                | •                |   |   |                       |                                | NOORESS               |  |  |                    |                           |  |
| CITY-ST-71P  |   |        | 175, FEAGRIOLE RD<br>1 FL 33440 | <i>'</i> •       |   |   | 4.3 STRE              |                                |                       |  |  |                    |                           |  |
| [ Larv-Si-/P   | I CLETTICI                                      | 1017   |                                 |                  |   |   | 441311                | - 51                           | ·/IF                  |  |  |                    |                           |  |

**CLEWISTON FL 33440** CITY-ST-ZIP 14. Thereby 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 of 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 charged, of on an attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE:

HILLIARD, MARY E

HILLIARD, BRIAN R

**CLEWISTON FL 33440** 

RT 2, BOX 175, FLAGHOLE RD.

RT 2, BOX 175, FLAGHOLE RD.

TITLE

NAME

TITLE

HALLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

4-23-58

Change

... Addition