

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004526 (9)

1. Corporation Name

THE MICHAEL J. REID MEMORIAL SCHOLARSHIP FUND, I
NC.



Principal Place of Business

260 WEKIVA SPRINGS ROAD
LONGWOOD FL 32779

Mailing Address

260 WEKIVA SPRINGS ROAD
LONGWOOD FL 32779

3. Date Incorporated or Qualified

09/14/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3281409

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISCHER, RANDY
1 N.E. 1ST AVENUE
OCALA FL 34478-4140

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 D
NAME HILL, GENE
STREET ADDRESS 260 WEKIVA SPRINGS RD
CITY - ST - ZIP LONGWOOD FL 32779

☐ DELETE

TITLE DVP
NAME AYERS, CHARLES
STREET ADDRESS 1500 N DALE MABRY E6
CITY - ST - ZIP TAMPA FL 33631

☐ DELETE

TITLE D
NAME JACOBS, G W
STREET ADDRESS 2601 CATTLEMEN RD
CITY - ST - ZIP SARASOTA FL 34232

☐ DELETE

TITLE D
NAME REID, MICHELLE
STREET ADDRESS 157 SHADOW LANE
CITY - ST - ZIP LAKELAND FL 33813

☐ DELETE

TITLE D
NAME SAPP, NANCY
STREET ADDRESS 1769 W BROADWAY
CITY - ST - ZIP OVIEDO FL 32785

☐ DELETE

TITLE D
NAME BRYANT, STEVE
STREET ADDRESS 2900 N MILITARY TR, #100
CITY - ST - ZIP BOCA RATON FL 33431

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/President
1.2 NAME Martin, Bruce G.
1.3 STREET ADDRESS 505 Balmoral Road
1.4 CITY - ST - ZIP Winter Park, FL 32789

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Randy Fischer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/17/96

(352) 622-8160

Daytime Phone #

CR2E037 (12/95)

1194000004526

Attachment to Officers and Directors

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Secretary/Treasurer
Fischer, Randy
1 N.E. 1st Avenue
Ocala, FL 34470