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FILED
Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004526 (9)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

**222 S WESTMONTE DR
101
ALTAMONTE SPRINGS FL 32714
US**

**P O BOX 190127
ALTAMONTE SPRINGS FL 32715
US**

3. Date Incorporated or Qualified

09/14/1994

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

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

Randy Fischer

3-30-98

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 ☐ DELETE

**DP
AYERS, CHARLES
1500 N DALE MABRY E6
TAMPA FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D
REID, MICHELLE
157 SHADOW LANE
LAKELAND FL 33813**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

**D
MCINTOSH, CAROLYN
831 US HWY 1 #400
NORTH PALM BEACH FL 33402**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

**D, Sec.Treas.
FISCHER, RANDY
1 NE FIRST AVE
OCALA FL 34470**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

**VP, Dir.
William Kautter
222 S. Westmonte Dr., Suite 101
Altamonte Springs, FL 32714**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**Dir.
David Hoppen
3504 Lake Lynda Dr., Suite 400
Orlando, FL 32817**

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

Randy Fischer

3-30-98

352-622-8660

CR2E037 (10/97)