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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004526

1. Corporation Name

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

Principal Place of Business

222 S WESTMONTE DR
101
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

P O BOX 150127
ALTAMONTE SPRINGS FL 32715
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

TITLE D
NAME MCINTOSH, CAROLYN
STREET ADDRESS 631 US HWY 1 #400
CITY-ST-ZIP NORTH PALM BEACH FL 33402

TITLE DST
NAME FISCHER, RANDY
STREET ADDRESS 1 NE FIRST AVE
CITY-ST-ZIP Ocala FL 34470

TITLE VPD
NAME KAUTTER, WILLIAM
STREET ADDRESS 222 S WESTMONTE DR, STE 101
CITY-ST-ZIP ALTAMONTE SPGS FL 32714

TITLE D
NAME HOPPEN, DAVID
STREET ADDRESS 3504 LAKE LYNDIA DR, STE 400
CITY-ST-ZIP ORLANDO FL 32817

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Russell Wall
1.3 STREET ADDRESS 2310 A-Z Park Road
1.4 CITY-ST-ZIP Lakeland, FL 33801

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)