

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 # N94000004624 (2)

1. Corporation Name

THE SIONA-SECOYA FOUNDATION, INC.



Principal Place of Business

**7735 S.W. 100TH AVENUE
MIAMI FL 33173**

Mailing Address

**7735 S.W. 100TH AVENUE
MIAMI FL 33173**

3. Date Incorporated or Qualified
09/20/1994

3a. Date of Last Report
04/28/1995

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

4. FEI Number
65-0524333

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

**VICKERS, WILLIAM T
7735 S.W. 100TH AVENUE
MIAMI FL 33173**

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 **PD** ☐ DELETE
NAME **VICKERS, WILLIAM T**
STREET ADDRESS **7735 S.W. 100TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **SD** ☐ DELETE
NAME **VICKERS, EDITE V**
STREET ADDRESS **7735 S.W. 100TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **VD** ☐ DELETE
NAME **VICKERS, RAYMOND B**
STREET ADDRESS **811 LAKE RIDGE DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ DELETE
NAME **VICKERS, SARAH P**
STREET ADDRESS **109 MAGNOLIA STREET**
CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

TITLE **TD** ☐ DELETE
NAME **DUGGAR, THOMAS E**
STREET ADDRESS **1391 TIMBERLANE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ DELETE
NAME **KEUCHEL, EDWARD F**
STREET ADDRESS **812 PIEDMONT DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *William T. Vickers* *William T. Vickers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-96
Date

(305) 274-7508
Daytime Phone #

CR2E037 (12/95)