

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 01 1997 8:00am
Secretary of State

DOCUMENT # **N94000004624 (2)**

1. Corporation Name

THE SIONA-SECOYA FOUNDATION, INC.



Principal Place of Business

Mailing Address

7735 S.W. 100TH AVENUE
MIAMI FL 33173

7735 S.W. 100TH AVENUE
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1994

3a. Date of Last Report

05/23/1996

2. Principal Place of Business

21

2a. Mailing Address

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

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE **SD** ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

TITLE **TD** ☐ DELETE

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

5.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

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

6.1 TITLE ☐ Change ☐ Addition

14. I do 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: **11/11/97** **SIGNATURE REQUIRED**

T.L. 28 1997 (305) 214-7508

CR2E037 (4/97)