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FILED  
May 27 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 Mailing Address  
7735 S.W. 100TH AVENUE 7735 S.W. 100TH AVENUE  
MIAMI FL 33173 MIAMI FL 33173

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 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/20/1994

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

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

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 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 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:

*William T. Vickers*

5/20/98

(205) 274-7508

CR2E037 (10/97)