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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N94000004624

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

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

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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)(l), 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:

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

May 7, 1999

Date

305-274-7508

Daytime Phone #

CR2E037 (1/98)