2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N94000004624

Entity Name: THE SIONA-SECOYA FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0524333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VICKERS, WILLIAM T
Address: 7735 S.W. 100TH AVENUE
City-St-Zip: MIAMI, FL 33173

Title: SD ( ) Delete
Name: VICKERS, EDITE V
Address: 7735 S.W. 100TH AVENUE
City-St-Zip: MIAMI, FL 33173

Title: VD ( ) Delete
Name: VICKERS, RAYMOND B
Address: 811 LAKE RIDGE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: VICKERS, SARAH P
Address: 109 MAGNOLIA STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: TD ( ) Delete
Name: DUGGAR, THOMAS E
Address: 1391 TIMBERLANE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: KEUCHEL, EDWARD F
Address: 812 PIEDMONT DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T. VICKERS PD 04/29/2005

Electronic Signature of Signing Officer or Director — Date