

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004624

FILED  
Apr 17, 2008  
Secretary of State

**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 exemption stated in Chapter 119, 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

04/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date