FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Jan 21, 1999 8:00am
Secretary of State
01-21-1999 90015 038 ****70.00

DOCUMENT # N94000005099

1. Corporation Name

MINUTEMEN FOUNDATION INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
10014 BROWNWOOD AVE ORLANDO FL 32825-6622	10014 BROWNWOOD AVE ORLANDO FL 32825-6622

2. Principal Place of Business **21**	2a. Mailing Address **26**	3. Date Incorporated or Qualifed **10/13/1994**
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	4. FEI Number **59-3272813** / Applied For / Not Applicable
City & State **23**	City & State **28**	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip **24** / Country **25**	Zip **29** / Country **30**	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BUSH, TRAVIS D 10014 BROWNWOOD AVE ORLANDO FL 32825-6622	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		1.1 TITLE	☐ Change ☐ Addition
NAME **BUSH, TRAVIS D**		1.2 NAME	
STREET ADDRESS **10014 BROWNWOOD AVE**		1.3 STREET ADDRESS	
CITY-ST-ZIP **ORLANDO FL 32825-6622**		1.4 CITY-ST-ZIP	
TITLE **SD** / ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME **BUSH, EVELYN H**		2.2 NAME	
STREET ADDRESS **10014 BROWNWOOD AVE**		2.3 STREET ADDRESS	
CITY-ST-ZIP **ORLANDO FL 32825-6622**		2.4 CITY-ST-ZIP	
TITLE **VTD** / ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME **MOORE, RICHARD C**		3.2 NAME	
STREET ADDRESS **487 NEW HOPE DR**		3.3 STREET ADDRESS	
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**		3.4 CITY-ST-ZIP	
TITLE / ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE / ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE / ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _Travis D. Bush_   TRAVIS D. BUSH   01/04/99   407-275-8240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (11/98)