


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 19, 1999 8:00 am  
Secretary of State

02-19-1999 90108 008 \*\*\*\*61.25

0007433

|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N95000004928

1. Corporation Name  
**BILLY EARL FOUNDATION, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>317 EAST CALL STREET<br>TALLAHASSEE FL 32301 | Mailing Address<br>317 EAST CALL STREET<br>TALLAHASSEE FL 32301 |
|---|---|



|   |  |   |  |  |   |
|---|--|---|--|--|---|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 | 3. Date Incorporated or Qualified<br>10/17/1995 | 4. FEI Number<br>59-3344106<br>Applied For<br>Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|--|--|---|

|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent<br><b>DYE, DON D<br/>317 EAST CALL STREET<br/>TALLAHASSEE FL 32301</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br><b>FL</b> |
|--|---|

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DYE, DON D</b>                        | 1.2 NAME  |   |
| STREET ADDRESS             | <b>7833 MCCLURE DR.</b>                  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL</b>                    | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DYE, JIMMY</b>                        | 2.2 NAME  |   |
| STREET ADDRESS             | <b>317 EAST CALL STREET</b>              | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL 32301</b>              | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CHILDERS, SAM S</b>                   | 3.2 NAME  |   |
| STREET ADDRESS             | <b>2005 EAST FOREST DRIVE</b>            | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL 32303</b>              | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BOUTIN, N. RICHARD JR.</b>            | 4.2 NAME  |   |
| STREET ADDRESS             | <b>1619 DILLARD STREET</b>               | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL 32303</b>              | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HAGEN, WILLIAM R</b>                  | 5.2 NAME  |   |
| STREET ADDRESS             | <b>2024 MIDDLEWOOD DRIVE</b>             | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL 32312</b>              | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

2-4-99

850-224-1205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)