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**FILED**  
**Feb 17, 1999 8:00am**  
**Secretary of State**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

02-17-1999 90037 022 \*\*\*\*\*61.25

**DOCUMENT # N96000002963**

1. Corporation Name

**REGIONS BEYOND INTERNATIONAL INC.**

Principal Place of Business  
 606 TERRACE ST  
 TALLAHASSEE FL 32308

Mailing Address  
 P.O. BOX 18  
 WOODVILLE FL 32362



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

05/31/1996

22 City & State

27 City & State

4. FEI Number  
 59-3407780

Applied For  
 Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

24

25

29

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

**MCDONALD, BRUCE D**  
 606 TERRACE ST  
 TALLAHASSEE FL 32308

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

NAME **MCDONALD JR, BRUCE D**

STREET ADDRESS **606 TERRACE ST**

CITY-ST-ZIP **TALLAHASSEE FL 32308**

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **VD**  DELETE

NAME **MCDONALD, REBECCA H**

STREET ADDRESS **606 TERRACE ST**

CITY-ST-ZIP **TALLAHASSEE FL 32308**

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **STD**  DELETE

NAME **VICKERY, STEVE**

STREET ADDRESS **10024 NATURAL WELLS DR N**

CITY-ST-ZIP **WOODVILLE FL 32362**

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE **D**  DELETE

NAME **RUSSI, PATRICK K**

STREET ADDRESS **RT 2, BOX 394-K**

CITY-ST-ZIP **TALLAHASSEE FL 32311**

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE **D**  DELETE

NAME **LIST, STEVE**

STREET ADDRESS **PO BOX 2119 N/A**

CITY-ST-ZIP **LYNNWOOD WA 98036**

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE  Change  Addition

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)(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:

*Stephen R. Vickery* REQUESTED DEN R. Vickery

Date

1-21-99

Daytime Phone #

850-421-2070

CR2E037 (11/98)