FILE NOW: FILING FEE IS $61.25

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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001087 (2)

1. Corporation Name

THE HOWARD E. HILL FOUNDATION, INC.

Principal Place of Business	*Mailing Address*
1324 S MAIN ST BELLE GLADE FL 33430	1324 S MAIN ST BELLE GLADE FL 33430

3. Date Incorporated or Qualified: 02/26/1997

4. FEI Number: ☒ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PRESSLY, JAMES G JR
222 LAKEVIEW AVE, SUITE 910
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: CALVIN D. ALSTON
82 Street Address (P.O. Box Number is Not Acceptable): 1324 S. MAIN ST.
83
84 City: Belle Glade FL 85 Zip Code: 33430

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: Calvin D. Alston CALVIN D. ALSTON — 2-23-98
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	HILL, HOWARD E DE		1.2 NAME	
STREET ADDRESS	1324 S MAIN ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430		1.4 CITY-ST-ZIP	
TITLE	VTSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ALSTON, DALE		2.2 NAME	
STREET ADDRESS	1324 S MAIN ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HOPPMANN, ROBERT D		3.2 NAME	
STREET ADDRESS	2135 S CONGRESS ACE, SUITE 1C		3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, ALLAN L		4.2 NAME	
STREET ADDRESS	1610SOUTHERN BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406		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	

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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.

SIGNATURE: Calvin D. Alston — 2-23-98 — 561-996-4524

CR2E037 (10/97)