## **FILE NOW: FILING FEE IS \$61.25**

'NONPROFIT **FILED** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Jun 16 1998 8:00 am ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS Secretary of State 1998 DOCUMENT # N97000002487 (3) THE ROBERT H. MCDANIEL MEMORIAL FOUNDATION INC. Principal Place of Business Mailing Address 3733 BISCAYNE DR 3733 BISCAYNE DR 3. Date Incorporated or Qualified WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 05/02/1997 4. FEI Number Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Zip Country Country Zip This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 H-Thur H.MSDanie WOLFE, LARRY 82 Street Address (P.O. Box Number is Not Acceptable) 200-A JOHN KNOX ROAD 83 TALLAHA8SEE FL 32303-6643 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

Strature: Spreador: Spread (10/97) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Change DELETE TITLE 1.1 TITLE esident /Treasure-NAME thur H-Madaniel 1.2 NAME BiscayneDr 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Winter Springs, PI 32708 1.4 CITY - ST - ZIP Change Addition TITLE Secretary (Recording) Laura M&Daniel 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 6 Blue Gun Court Pleasant Hill, Ca 94523 CITY-ST-ZIP 2.4 CITY-ST-ZIP Secretary (corresponding) DELETE Pamela M & Daniel Change ☐ Addition TIT! F 3.1 TITLE NAME 3.2 NAME 26 Blue Gan Court STREET ADDRESS 3.3 STREET ADDRESS Pleasant Hill Ca 94523 3.4. CITY - ST - ZIP CITY-ST-ZIP Director-Bast Coast DELETE Addition 4.1 TITLE ☐ Change TITLE Connie Ward NAME 4. 2 NAME 42962 Parmingdale Dr. STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Ashburn, Va Change Addition DELETE TITLE 5.1 TITLE Director - West Coast NAME Bear M& Daniel 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 26 Blue Gum Ct CITY-ST-ZIP 5.4 CITY-ST-ZIP Pleasant Hill, Caq4523 Addition DELETE Change TITLE 6.1 TITLE NAME 6.2 NAME sia MeDaniel 3783 BISCOYNED 6.3 STREET ADDRESS STREET ADDRESS

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 roport 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:

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