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FILED
Jun 25 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 # N97000002925 (2)

1. Corporation Name

TEAMWORK FOUNDATION, INC.



Principal Place of Business

Mailing Address

5233 SE 42ND STREET
OCALA FL 34480-7443

5233 SE 42ND STREET
OCALA FL 34480-7443

3. Date Incorporated or Qualified

05/20/1997

4. FEI Number

59-3448270

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 SAME

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SAME

27

City & State

City & State

23 Ocala, FL

28 SAME

Zip Country

Zip Country

24 34480 25 MARION

29 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

10. Name and Address of New Registered Agent

HUDMAN, MARILYN
5233 SE 42ND STREET
OCALA FL 34480-7443

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME Mr. PRESIDENT
STREET ADDRESS 5233 SE 42nd St.
CITY-ST-ZIP Ocala, FL, 34480

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME D Vice President
STREET ADDRESS Russell Smith
CITY-ST-ZIP 1850 NW 116 Tr.
Ocala, FL, 34482

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME D Treasurer
STREET ADDRESS Jean Young
CITY-ST-ZIP 524 SE 61Ct.
Ocala, Fla. 34472

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME Secretary
STREET ADDRESS Shellie Williams
CITY-ST-ZIP 1619 NW 2nd Ave.
Ocala, FL, 34482

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME Historion
STREET ADDRESS Elaine Best
CITY-ST-ZIP 14450 NE 113th court
Ft. McCoy, FL, 32134

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME Ivan Young Sr.
STREET ADDRESS 524 SE 61Ct
CITY-ST-ZIP

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.

Marilyn Hudman, President

CP2E037 (10/97)