

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90069 028 \*\*\*\*70.00

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**DOCUMENT # N97000002925**

1. Corporation Name:

**TEAMWORK FOUNDATION, INC.**

Principal Place of Business

1619 NW 2ND AVE.  
OCALA FL 34475  
US

Mailing Address

P.O. BOX 2795  
OCALA FL 34478



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified

05/20/1997

4. FEI Number

59-3448270

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

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

**MCCOLLISTER, LORENA M. W.**  
1619 NW 2ND AVE.  
OCALA FL 34475

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 DP  
NAME HUDMAN, MARILYN  
STREET ADDRESS 5233 SE 42ND ST  
CITY-ST-ZIP Ocala FL 34480

☒ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**D**  
**Ivan D. Young**  
**524 SE 61 CT**  
**Ocala FL 34472**

☐ Change

☒ Addition

TITLE DVP  
NAME SMITH, RUSSELL  
STREET ADDRESS 1850 NW 116TH TR  
CITY-ST-ZIP Ocala FL 34482

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE DT  
NAME YOUNG, JEAN  
STREET ADDRESS 524 SE 61ST COURT  
CITY-ST-ZIP Ocala FL 34472

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**DPT**  
**Young, Jean**  
**524 SE 61 CT**  
**Ocala FL 34472**

☒ Change

☐ Addition

TITLE S  
NAME WILLIAMS, SHELLIE  
STREET ADDRESS 1619 NW 2ND AVE  
CITY-ST-ZIP Ocala FL 34482

☒ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

**SD**  
**McCollister, Shellie (LORENA)**  
**1619 NW 2nd AVE**  
**Ocala FL 34475**

☒ Change

☐ Addition

TITLE D  
NAME BEST, ELAINE  
STREET ADDRESS 14450 NE 113TH COURT  
CITY-ST-ZIP FT. MCCOY FL 32134

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME YOUNG, SR. I  
STREET ADDRESS 524 SE 61ST COURT  
CITY-ST-ZIP Ocala FL 34472

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99 (352)694-4560

Date

Daytime Phone #

CR2E037 (11/98)