

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004900 (3)**

1. Corporation Name

**THE BENEFACTORS ACCORD, INC.**



Principal Place of Business <b>940 SHAW DR. KEY LARGO FL</b>	Mailing Address <b>P.O. BOX 508 TAVERNIER FL 33070</b>
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3. Date Incorporated or Qualified <b>08/28/1997</b>	
4. FEI Number <b>65 0778319</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 171 HOOD AVE.</b> Suite, Apt. #, etc. <b>22 SUITE 26</b> City & State <b>23 TAVERNIER FL</b> Zip <b>24 33070</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29 MONROE</b> Country <b>30</b>
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9. Name and Address of Current Registered Agent <b>WATKINS, CLINTON E</b> <b>940 SHAW DR.</b> <b>KEY LARGO FL</b>		81 Name <b>82 171 HOOD AVE</b> <b>83 SUITE 26</b> <b>84 TAVERNIER FL</b> <b>85 33070</b>
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10. Name and Address of New Registered Agent	
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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 Clinton E. Watkins **CLINTON E. WATKINS** **5-5-98**  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE <b>DPT</b> <b>WATKINS, CLINTON E</b> <b>P.O. BOX 508 (NA)</b> <b>TAVERNIER FL 33070</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE <b>DS</b> <b>WATKINS, COLBY E</b> <b>P.O. BOX 508 (NA)</b> <b>TAVERNIER FL 33070</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE <b>D</b> <b>WATKINS, ARTHUR J</b> <b>11933 ALAFAYA WOODS COURT</b> <b>ORLANDO FL 32826</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DIRECTOR</b> <b>DIANNA K. DAVISSON</b> <b>P.O. Box 798 (N/A)</b> <b>TAVERNIER, FL 33070</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DIRECTOR</b> <b>MARTIN MANNING</b> <b>73510 OVERSEAS HIGHWAY</b> <b>ISLAMERADA, FL 33036</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DIRECTOR</b> <b>WILLIAM DIEHL</b> <b>4001 SANTA BARBARA BLVD</b> <b>NAPLES, FL 34104</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Clinton E. Watkins **CLINTON E. WATKINS** **5-5-98 (55) P52, 11009**

CR2E037 (10/97)