FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



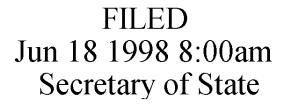
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998POCUMENT #

N97000004900 (3)



THE BI	ENEFACTORS ACCORD, IN	C.		 	
Principal Plac	ce of Business	Mailing Address		T TOBENION ON HANN INDIN BONS BOSH	OBINI ODINI BOHN GIDIR 1840 BOHN DOM 1961
010 SHAW DA: H EY LARGO F L		P.O. BOX 508 TAVERNIER FL 33070		3. Date Incorporated or Qualified 08/28/1997	
				4. FEI Number 65 07783	Applied For
2. Principal P	Place of Business	2a. Mailing Address			A0 7F
21 171	HOOD AVE	26		5. Certificate of Status Desired	Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & Stat	TE 26	City & State		Trust Fund Contribution	Added to Fees
	RNIER FL	28		7- Is this nonprofit corporation a h	nomeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has p	
24 330			30	Personal Property Tax due June	e 30. 🔲 Yes 💢 No
	9. Name and Address of Curren	I Registered Agent	nal v	10. Name and Address of New R	egistered Agent
			81 Name		
WATKINS, OLINTON E			82 Street	Address (P.O. Box Number is Not Accepta	ble)
-946 Shaw D R. KEY Largo Ft.			83	71 HOOD AVE	
THE LAND	IGO T C			1TE 26	
			84 City	IERNIER	FL 85 Zip Code 33070
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	s, the above-named	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing its registered
agent la	im familiar with, and accept the obliga	ations of, Soction 617.0503, Flor	ida Statutes.	poration's board of directors, Thereby acce	
SIGNATURE	Signature, typied or printed name of registered ago	Walkene CUNT	ON E. WA	T K / メンジ e required when reinstating〉	5-5-98
12.	OFFICERS AND		Registered Agent signature 13.	a required when reinstating) ADDITIONS/CHANGES TO OFFICE ADDITIONS/CHANG	DATE CERS AND DIRECTORS IN 12
TITLE	DPT	☐ DELETE	1.1 TITLE	DIRECTOR	Change Addition
NAME	WATKINS, CLINTON E		1.2 NAME	DIANAK. DAVISSON	
STREET ADDRESS	P.O. BOX 508 (NA)		1.3 STREET ADDRESS	DO. BOX 798 (N/A)	
CITY-ST-ZIP	TAVERNIER FL 33070		1.4 CITY-ST-ZIP	TAVERNIER FL 33	
TITLE	DS .	☐ DELETE	21 TITLE	DIRECTOR	Change Addition
NAME	WATKINS, COLBY E		2.2 NAME	MARTIN MANNING	. 1
STREET ADDRESS	P.O. BOX 508 (NA)		2.3 STREET ADDRESS	73510 OVERSERS	
CITY-ST-ZIP	TAVERNIER FL 33070	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	ISLAMORADA FL DIRECTOR	Change Addition
NAMÉ	WATKINS, ARTHUR J		3.2 NAME	WILLIAM DIEHL	
STREET ADORESS	11933 ALAFAYA WOODS COU	IRT	3.3 STREET ADDRESS	4001 SANTA BARBA	en Bero
CITY-ST-ZIP	ORLANDOGO FL 32826		3.4. CITY-ST-ZIP	NAPLES FL 341	04
TITLE	-	☐ DELETÉ	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		L Change Addition
NAME CTOTET ADODGES			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		<u> </u>	6.2 NAME		- Single Find House
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
	pertify that the information currelied with	th this files does not qualify for	the exemption state	nd in Section 119.07/3)(i) Florida Statutos I	forther partition that the information

Indicated on this annual report or supplied with this hing does not quality 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:

L. E. Wary 5. 5. 5. 88 (305) 853,000

:HZE037 (10/97)