

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 10, 1999 8:00 am
Secretary of State

05-10-1999 90260 030 ****61.25

DOCUMENT # N97000004900

1. Corporation Name

THE BENEFACTORS ACCORD, INC.

Principal Place of Business

171 HOOD AVE #26
TAVERNIER FL 33070
US

Mailing Address

P.O. BOX 508
TAVERNIER FL 33070



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

08/28/1997

4. FEI Number

65-0778319

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

WATKINS, CLINTON E
171 HOOD AVE #26
TAVERNIER FL 33070

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 **SD** ☐ DELETE

NAME **WATKINS, CLINTON E**

STREET ADDRESS **P.O. BOX 508 (NA)**

CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE **TD** ☐ DELETE

NAME **WATKINS, COLBY E**

STREET ADDRESS **P.O. BOX 508 (NA)**

CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE **VPD** ☐ DELETE

NAME **TIMMERMAN, THOMAS**

STREET ADDRESS **146 PACIFIC AVENUE**

CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE **PD** ☐ DELETE

NAME **DAVISSON, DIANA K**

STREET ADDRESS **P O BOX 798 N/A**

CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE **D** ☒ DELETE

NAME **MARTIN MANNINA**

STREET ADDRESS **73510 OVERSEAS HWY**

CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE **D** ☐ DELETE

NAME **WILLIAM DIEHL**

STREET ADDRESS **4001 SANTA BARBARA BLVD**

CITY-ST-ZIP **NAPLES FL 34104**

1.1 TITLE

D

1.2 NAME

ARTHUR J. WATKINS

1.3 STREET ADDRESS

11933 ALAFAYA WOODS CT.

1.4 CITY-ST-ZIP

ORLANDO, FL 32826

2.1 TITLE

D

2.2 NAME

MICHAEL GLOBUS

2.3 STREET ADDRESS

12 PARK AVE.

2.4 CITY-ST-ZIP

ISLAMORADA, FL 33036

3.1 TITLE

D

3.2 NAME

DICK HERRICK

3.3 STREET ADDRESS

97450 OVERSEAS HIGHWAY

3.4 CITY-ST-ZIP

KEY LARGO FL 33037

4.1 TITLE

D

4.2 NAME

MARTIN MANNING

4.3 STREET ADDRESS

73510 OVERSEAS HIGHWAY

4.4 CITY-ST-ZIP

ISLAMORADA FL 33036

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

CLINTON E. WATKINS 5-11-99 (305) 853-0489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0027051