## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9700005906 1. Corporation Name

REGINALD PHILLIPS DEFENSE FUND, INC.

Princ	ipal	Plac	e of	Busi
6821	NW	81 S	T PL	ACE
TAM	ARAC	FL	3332	21

2. Principal Place of Business

Mailing Address

6821 NW 81ST PLACE TAMARAC FL 33321

## FILED Apr 23, 1999 8:00 am § Secretary of State

04-23-1999 90123 026 \*\*\*\*61.25

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=3.=Date:Incorporated or Qualifed=



	Table of Eddinose					10/20/1997				
1]	Suite Apt # etc. Suite, Apt, #, etc.					4. FEI Number Applied For				
					65-0766699		Not Applicable			
City P. Stat	<u> </u>	27 City & State				35 0.0000		\$8.75 A		
					5. Certificate of Status Desired			•	Fee Required	
Zip	Country	Zip		Country		6. Election Campaign Financing		\$5.00	May Be	
4	25	29	30	1		Trust Fund Contribution		Added to	•	
4	9. Name and Address of Curren		1	<u>'                                    </u>		10. Name and Address of New R	egistered .	Agent		
				81	Name					
KARL, MIF	RIAM			82	Street Addr	ress (P.O. Box Number is Not Accepta	ble)			
	81ST PLACE									
TAMARAC FL 33321				83						
.,				84	City			85 Zip C	ode	
				1	-		<u>FL</u>	.		
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida	a Statutes,	the above	-named corp	poration submits this statement for the	purpose of	changing its	registered	
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such changi	e was auth	onzed by	the corporation	on's board of directors. I hereby accep	r nie appoli	muciii as ief	horarea	
	in landa the deep as song									
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Reg	stered Agen	t signature require	ed when reinstating)	DATE			
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	PD	☐ DEI	.ETE	1.1 TITLE				Change	Addition	
NAME	SHERRER, YVONNE			1.2 NAME						
STREET ADDRESS	**** **** **** DI ****			1.3 STREET	ADDRESS					
CITY-ST-ZIP	TAMARAC FL 33321			1.4 CITY-ST	T-ZIP					
TILE	VD	□ DEI	LETE	2.1 TITLE				Change	Addition	
NAME	SHEPPARD, RAY			2.2 NAME		•				
STREET ADDRESS	6821-NW-81ST-PLACE-			2.3 STREET	ADDRESS					
CITY-ST-ZIP	TAMARAC FL 33321			2. 4 CITY-S	IT-ZIP		- 10			
TILE	STD	☐ DEI	LETE	3.1 TITLE				☐ Change	☐ Addition	
NAME	KARL, MIRIAM			3.2 NAME						
STREET ADDRESS	6821 NW 81ST PLACE			3.3 STREET	ADDRESS			•		
CITY-ST-ZIP	TAMARAC FL 33321			3.4. CITY-S	T-ZIP					
TITLE	77 HILL H D CO 1 E OVOE 7	☐ DE	LETE	4.1 TITLE				Change	Addition	
NAME				4. 2 NAME				ŕ		
STREET ADDRESS	3			4.3 STREET	T ADDRESS					
CITY-ST-ZIP				4.4 CITY-S	T-23P					
TITLE		☐ DE	LETE	5.1 TITLE				Change	☐ Addition	
NAME				5.2 NAME		,				
STREET ADDRESS				5.3 STREET	ADDRESS					
CITY-ST-ZIP				5.4 CITY-S	T-ZIP	<u> </u>			***	
TITLE		☐ DE	LETE	6.1 TITLE				☐ Change	☐ Addition	
NAME				6.2 NAME				٠		
STREET ADDRESS	, · · · · · · · · · · · · · · · · · · ·	•		6.3 STREET	TADORESS					
U TOUR PROPERTY	1									
CITY-ST-ZIP				6.4 CITY-S	T-ZIP				,	

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall never the same legal effect as in made which do noticer 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 attachingent with an address, with all other like empowered.