

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90024 044 ****70.00

DOCUMENT # N97000007029

1. Corporation Name

S.C. MATHIS FOUNDATION GROUP INC.

Principal Place of Business

Mailing Address

1925 NE 45TH STREET
SUITE 234
FT. LAUDERDALE FL 33308

1925 NE 45TH STREET
SUITE 234
FT. LAUDERDALE FL 33308



618250-90024-54

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/18/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0781437	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VOCE, ALLAN G S
1925 NE 45TH STREET
SUITE 234
FT. LAUDERDALE FL 33308

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSHALL, MATTIE R	1.2 NAME	OGUGUA, CHARLES
STREET ADDRESS	1925 NE 45TH STREET STE 234	1.3 STREET ADDRESS	1925 NE 45th STREET STE 234
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, KATHY V	2.2 NAME	
STREET ADDRESS	1925 NE 45TH STREET STE 234	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, CAROLYN V	3.2 NAME	
STREET ADDRESS	1925 NE 45TH STREET STE 234	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, RONALD J	4.2 NAME	MARSHALL, DARRYL
STREET ADDRESS	1925 NE 45TH STREET STE 234	4.3 STREET ADDRESS	1925 N.E. 45th STREET STE 234
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	M/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIS, HARRY L	5.2 NAME	JACKSON, RONALD J.
STREET ADDRESS	1925 NE 45TH STREET STE 234	5.3 STREET ADDRESS	1925 N.E. 45th STREET STE 234
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL #3308
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOCE, ALLAN G S	6.2 NAME	
STREET ADDRESS	1925 NE 45TH STREET STE 234	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	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: *Mattie R. Marshall* SIGNATURE REQUIRED: **Mattie R. Marshall**

09/13/99 (305)691-0611

Date

Daytime Phone #

CR2E037 (5/99)