FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # N9800001525

Corporation Name

FUNDS FOR FOLKS, INCORPORATED

micipal Place of Business

Mailing Address

19TH STREET BEACH FL 32960 2672 19TH STREET VERO BEACH FL 32960

FILED == Mar 31, 1999 8:00 am == Secretary of State ---

03-31-1999 90046 001 ****61.25

A SECURE WILL SHEET SECURE AND ARRIVED BY THE PROPERTY OF THE	

Principal Pl	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 03/13/1998	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		4. FEI Number _ DILLIO E	Applied For
		27	: .	65-0851495	Not Applicable
City & Stat	8	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
•	25	29	30	Trust Fund Contribution	Added to Fees
	9. Name and Address of Current			10. Name and Address of New Registere	d Agent
			81 Name		
951 OLD (I, ELIZABETH S DIXIE HWY,STE.A-8 NCH FL 32960		82 Streat 83 84 City	Address (P.O. Box Number is Not Acceptable) 46 16th HOLDUR VOICE BEACL F	L 85 Zip Code
Pursuant office or n agent, I a	to the provisions of Sections 617.060/2 egistered agent, or both in the State of m familial with, and agreet the obligat	ions of, Section 617,0503	, Florida Statutes.	corporation submits this statement for the purpose pration's board of directors. I hereby accept the approximation of the purpose of the purp	of changing its registered pointment as registered
	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
			E 1.1 TITLE		☐ Change ☐ Addition
- _1 addyjuss	Julie Fisher Moo 2672 19th Street Vero Beach, 2	m/ piesos	12 NAME 1.3 STREET ADDRESS		
97 279	Vero Back 100	J0/100	1.4 CITY-ST-ZIP	<u> </u>	
. ACURGINA	William Moore	DIVP			☐ Change ☐ Addition
ŠT ZIP	Kew Back, or	32960	2.4 CITY-ST-ZIP		· ·
J. 2.	Elizabati S. Brook	DELETI		-	☐ Change ☐ Addition
LAUDHUSS	Vero Beach, IL 3	\mathcal{L}	3.3 STREET ADDRESS		
ST ZIP	Vew Beach, 34 3	2760	3.4. CITY-ST-ZIP	·	
		☐ DELETI	E 4.1 TITLE		☐ Change ☐ Addition
			4. 2 NAME		
r Arigan 1955			4.3 STREET ADDRESS		
ST ZIP			4.4 CITY-ST-ZIP)
		DELETI			☐ Change ☐ Addition
-			5.2 NAME		Į
I ADRIGUES			5.3 STREET ADDRESS		,
			5.4 CITY-ST-ZIP		
ST ZIP		□ DELET			☐ Change ☐ Addition
		_ 0,555	6.2 NAME		
			6.3 STREET ADDRESS		
I AIR IN FOR				• • •	ł
ST ZIP			6.4 CITY-ST-ZIP		

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.

----ATURE

EIGNATURE AND TYPED OR PRINTED HARIE OF SIGNING OFFICER OR DIRECTOR

126199 501

361-118-5427 Daytime Phone #