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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9800003610

H.I. FOUNDATION, INC.

1999

Principal Place of Business 2848 E OAKLAND PARK BLVD Mailing Address

2848 E OAKLAND PARK BLVD

FILED Feb 22, 1999 8:00 am § Secretary of State

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| FT LAUDERDALE FL 33306 FT LAUDERDALE FL 33306 | | | | | 1200 160 160 160 160 160 160 160 | | |
|---|---|---------------------|-----------------------|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | | Date Incorporated or Qualified Oct 10 (1009) | | |
| 21 | | 26 | | | 06/19/1998 | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | CE 00/0161 H | pplied For ot Applicable | |
| 22 | | 27 | | | | Additional | |
| City & State | | City & State | | | 5. Certificate of Status Desired 🔲 Fee R | equired | |
| Zip | Country | 28 7in | Zip Country | | | | |
| 一 ・ | 25 | 29 30 | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| 24 | 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | | |
| | | | 81 | Name | | - | |
| INGHAM, RICHARD S | | | - | 64 | Address (D.O. Des Musches in Not Accontable) | | |
| | AKLAND PARK BLVD | | 82 Street | | Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | | | |
| FT LAUDERDALE FL 33306 | | | 84 | City | 85 Zip | Code | |
| | | | | ' | ` FL | ľ | |
| 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) | | | | | | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECT | | |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | , ☐ Change | ☐ Addition | |
| NAME | INGHAM, HELEN ANN H | | 1.2 NAME | | | | |
| STREET ADDRESS | 2848 E OAKLAND PARK BLVD | | 1.3 STREE | TADDRESS | ··. | | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33306 | | 1.4 CITY-5 | T-ZIP | | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change | ☐ Addition | |
| NAME | INGHAM, RICHARD S | | 2.2 NAME | | , . | j | |
| STREET ADORESS | 2848 E OAKLAND PARK BLVD | 1 | 2.3 STREET | TADDRESS | • | Ĭ | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33306 | | 2. 4 CITY-5 | ST-ZIP | | · | |
| TITLE | D DELETE 3.1 TO | | 3.1 TITLE | | : Change | Addition | |
| NAME | Ingham, Frederick H | | 3.2 NAME | | | 1 | |
| STREET ADDRESS | 2848 E OAKLAND PARK BLVD | | 3.3 STREE | TADDRESS | · | | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33306 | | 3.4. CITY-5 | ST-ZIP | □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | ☐ Addition | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | Change | C Addition | |
| NAME | INGHAM, TIMOTHY C | | 4. 2 NAME | | | | |
| STREET ADDRESS | 2848 E OAKLAND PARK BLVD | | | TADDRESS | , . | | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33306 | □ DELETE | 4.4 CITY-S | T-ZIP | Change | XXAddition | |
| TITLE | | □ pereie | 5.1 TITLE 5.2 NAME | | ID | 26.2% | |
| NAME | | | | TADORESS | INGHAM, JR., RICHARD S. 2848 E OAKLAND PARK BLVD | - | |
| \$TREET ADDRESS | | | 5.4 CITY-S | | FT LAUDERDALE FL 33306 | , | |
| CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE | | TT LAUDERDALE FL 33306 | Addition | |
| TITLE | | - DECEIL | 6.2 NAME | | | | |
| NAME | | | - | TADDRESS | | | |
| STREET ADDRESS | | | 6.4 CITY-S | | | | |
| CITY-ST-ZIP | I | | 0.4 0/11-3 | 1 - TH. | · · · · · · · · · · · · · · · · · · · | | |

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 afficient with an address, with all other like empowered.

SIGNATURE: