NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT CE STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Apr 13, 1999 8:00 am Secretary of State

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DOCUMENT #	N980000054	49

THE RECURSIONIST FUND, INC.

Principal Place of Business 5150 TAMIAMI TRAIL N. SUITE 502 NAPLES FL 34103-!

1. Corporation Name

Mailing Address

5150 TAMIAMI TRAIL N., SUITE 502 NAPLES FL 34103-!

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3 7 3 7 9 1 373791 - 90063 - 16

-	lace of Business	2a.	Mailing Address				3. Date Incorp 09/18/19	orated or Qualifed			
21 Suite, Apt.	# etc		Suite, Apt. #, etc.				4. FEI Numbe		5-99	5 . I . A	pplied For -
22		27									ot Applicable
City & Stat			City & State							\$8.75	Additional
23	•	28					5. Certificate o	f Status Desired ~	□-	Fee R	equired
Zip Zip	Country		Zip	Col	untry	 -	6. Flection Ca	mpaign Financing		\$5.00	May Be
- - '	25	29		30	•		I .	Contribution			to Fees
24	9. Name and Address of Current		ered Agent		Т			Address of New	Registered	Agent	
					81	Name					
	n, Kenneth D				82	Street Ad	dress (P.O. Box Nur	aber is Not Accept	abie)		
	IIAMI TRAIL N., SUITE 300				83						
NAFLES I	FL 34103										
					84	City			FL	85 Zip	Code
										<u> </u>	
office or agent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State out familiar with, and accept the obligations.	af Florida dons of,	7.1508, Florida St a. Such change wa Section 617.0503,	atules, the a as authorize Florida Stai	d by t tutes.	he corpora	tion's board of direct	ors. I hereby acce	рк ина арро	intment as re	egistered
SIGILATORE	Signature, typed or printed name of registered agent	ı and title K	applicable. (A			ajOuntrie Lech	ired when reinstating)		DATE	en Di DECIT	DESCRIPTION OF THE PROPERTY OF
12.	OFFICERS AND	D DIREC		13.			ADDITIONS	CHANGES TO OF	FICERS AF		Addition
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NAME	HARRIS, SCOTT M			1.2 N							
NAME STREET AUDRESS				1,2 N	ME	ADDRESS					
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indicated on this annual report or supplemental annual people is true and accurate and that my signature small have true same legal effect as in made under one officer or director of the corporation of the receiver or fustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears Block 12 or Block 13 if changed, or on an attach grent with an address, with all other like empowered.

SIGNATURE

LATALIBE REQUIRED

17/99 941-430-0576