

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90002 013 ****61.25

DOCUMENT # N98000006536

1. Corporation Name

ST. MATTHEWS EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

**1005 WEST COLLEGE BLVD. STE. A
NICEVILLE FL 32578**

Mailing Address

**1005 W. COLLEGE BLVD. STE. A
NICEVILLE FL 32578**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

3. Date Incorporated or Qualified

11/17/1998

4. FEI Number

59-3546293

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**PERRI, DANIEL C
5 CLIFFORD DRIVE SUITE 12
SHALIMAR FL 32579**

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Harris, Michael A M.D.
1.3 STREET ADDRESS 1005 W. College Blvd
1.4 CITY-ST-ZIP Niceville FL 32578

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Sersland, Jeffrey M.D.
2.3 STREET ADDRESS 1005 W College Blvd
2.4 CITY-ST-ZIP Niceville FL 32578

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Paz, Jr., Seferino
3.3 STREET ADDRESS 1005 W College Blvd
3.4 CITY-ST-ZIP Niceville FL 32578

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Thornton, Jerry Ph.D.
4.3 STREET ADDRESS 1005 W College Blvd
4.4 CITY-ST-ZIP Niceville FL 32578

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Swartzendruber, Galen M.D.
5.3 STREET ADDRESS 1005 W College Blvd
5.4 CITY-ST-ZIP Niceville FL 32578

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Michael A. Harris M.D. Chairman 04/30/1999

Date

Daytime Phone #

(850) 678-1225

CR2E037 (11/98)

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