

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000007160

1. Corporation Name

THE TAIWAN FOUNDATION, INC.

Principal Place of Business

C/O GRANT, FRIDKIN, PEARSON, ATHAN & CROWN
5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES FL 34108

Mailing Address

C/O GRANT, FRIDKIN, PEARSON, ATHAN & CROWN
5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES FL 34108



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DIVISION OF CORPORATIONS
99 OCT -5 PM 2:14

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/18/1998

4. FEI Number

65-0910632

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CROWN, HOWARD L
C/O GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, P.A.
5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

C/O Grant, Fridkin, Pearson, Athan & Crown, P.A.

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

Howard L. Crown

(NOTE: Registered Agent signature required when reinstating)

8/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

IRWIN, JAMES B

STREET ADDRESS

25188 MARION AVE., VILLA 22-24

CITY-ST-ZIP

PUNTA GORDA FL 33950

TITLE

D

☐ DELETE

NAME

MCCAFFERTY, ROSE MARIE

STREET ADDRESS

4552 MELBOURNE STREET

CITY-ST-ZIP

PUNTA GORDA FL 33950

TITLE

D

☐ DELETE

NAME

IRWIN, HARRY

STREET ADDRESS

4520 NOLLWOOD

CITY-ST-ZIP

PUNTA GORDA FL 33950

TITLE

D

☐ DELETE

NAME

IRWIN, LINDA S

STREET ADDRESS

25188 MARION AVE., VILLA 22-24

CITY-ST-ZIP

PUNTA GORDA FL 33950

TITLE

D

☐ DELETE

NAME

O'TOOLE, KATHLEEN MARIE

STREET ADDRESS

4530 MELBOURNE STREET

CITY-ST-ZIP

PUNTA GORDA FL 33950

TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

000003012960--5

1.3 STREET ADDRESS

-10/12/99--01061--022

1.4 CITY-ST-ZIP

*****61.25 *****61.25

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE:

JAMES B. IRWIN 15 Aug 1999 941
6396677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0012298

CR2E037 (5/99)