## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9800006323

MACDILL EDUCATION COUNCIL, INC.

Principal Place of Business 6MDG/SGE, 8415 BAYSHORE BLVD. MACDILL AIR FORCE BASE FL 33621 Mailing Address

6MDG/SGE, 8415 BAYSHORE BLVD. MACDILL AIR FORCE BASE FL 33621

## **FILED** Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90003 017 \*\*\*\*61.25

		56  7 6  71	

2. Principal Place of Business		2a.	2a. Mailing Address			<del></del>	3. Date Incorporated or Qualifed		ş-	<u> </u>	
11		26	3				11/05/1998		<del></del>		
Suite, Apt. #, etc.		$\Box$	Suite, Apt. #, etc.				4. FEI Number		· · ·	plied For	
		27					59-3520209			t Applicable	
City & State		Ь	City & State				5. Certificate of Status Desired	\$	68.75 A Fee Re	Additional	
23		28									
¬ <sup>Zip</sup>	Zip Country		,		ountry		6. Election Campaign Financing		\$5.00	-	
25			30				Trust Fund Contribution  10. Name and Address of New Register	red Age	Added to Fees		
	9. Name and Address of Current I	Kegis	stered Agent		81	Name	10. Halle and Address of New Registe	nou rego			
PEDIGO,					82	Street Address (P.O. Box Number is Not Acceptable)					
	115 BAYSHORE BLVD.				83						
MACDILL	AIR FORCE BASE FL 33621										
					84	City		FI 8	5 Zip C	ode	
11 D	to the province of Costines 647 0502	and 4	17 1508 Florida Statutos	the a	hove	-named co	proporation submits this statement for the purpos	se of cha	nging its	registered	
office or r	registered agent, or both, in the State of	Fiori	da. Such change was auti	nonzec	ו עם ו	he corpora	ation's board of directors. I hereby accept the	ppointme	ent as reg	jistered	
agent. I a	m familiar with, and accept the obligation	ns of	f, Section 617.0503, Florid	a Stat	utes.						
SIGNATURE		nd 44 -	if applicable /NOTE: D	onisterr d	Anari	eignetyre recu	ulred when reinstating) DA1	Œ.			
12.	Signature, typed or printed name of registered agent a OFFICERS AND			13.	Nous	- Marianna rada	ADDITIONS/CHANGES TO OFFICER		IRECTO	RS IN 12	
TITLE	D OFFICERS AND	J., 1	DELETE	1,1 Π	πE				] Change	☐ Addition	
PEDIGO, RYAN J			_	1.2 N							
STREET ADDRESS	ALTO OLIF DAVOLORE BLAD			1	1.3 STREET ADDRESS						
	ALACONA AID FORCE DAOF EL COCOA			1.4 CITY-ST-ZIP							
CITY-ST-ZIP TITLE	D DELETE			_	2.1 TITLE				] Change	Addition	
NAME	MIRANDA, JONI Ł		,	2.2 N		1					
STREET ADDRESS		<u>.</u>	با درانسين بيري	4.		ADDRESS	and the second second second				
CITY-ST-ZIP	ALADRIA AID CODOS DAOS SI COCOA			1	2. 4 CITY-ST-ZIP						
TITLE	D		DELETE	3.1 TI					] Change	☐ Addition	
NAME	WEHDE, RICHARD A			3.2 N	AME						
STREET ADDRESS 6ARW, 8208 HANGAR LOOP RD.			338		3.3 STREET ADDRESS						
CITY-ST-ZIP MACDILL AIR FORCE BASE FL 33			1 1		ITY-ST						
TITLE	D		☐ DELETE	4.1 TI					Change	☐ Addition	
NAME	THOMPSON, KRISTINA			4.2 N	AME						
STREET ADDRESS		AVE.		4.3 S	REET	ADDRESS					
CITY-ST-ZIP	MACDILL AIR FORCE BASE FL			4.4 C	TY-ST	-ZIP					
TITLE			□ DELETE	5.1 TI	TLE				] Change	☐ Addition	
NAME				5.2 N	ME						
STREET ADDRESS				5.3 S	REET	ADDRESS					
CITY-ST-ZIP			•	5.4 C	TY-ST	ZIP					
TITLE 17 1/2 5	एक राज्यात संस्थित के स्वयंत्र		DELETE	6.1 TI	TLE				] Change	☐ Addition	
NAME	RETURN REAL			6.2 N	AME						
STREET ADDRESS	2, 236, 2.75			6.3 S	IREET	ADDRESS					
CITY-ST-ZIP				6.4 C	TY-ST	-ZIP					
ψι (*3)* <b>Δ</b> Ρ	I .										

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: RYAN SIGNA