

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711966 (2)

1. Corporation Name

SAMUEL A. AND LOUISE K. TUCKER FAMILY FOUNDATION
, INC.

Principal Place of Business

Mailing Address

9795 SOUTH DIXIE HWY
P.O. BOX 560068
MIAMI FL 33156

9795 SOUTH DIXIE HWY
P.O. BOX 560068
MIAMI FL 33156



3. Date Incorporated or Qualified

12/16/1966

3a. Date of Last Report

03/31/1995

4. FET Number

59-6175868

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRISON, ALBERT JR
9795 S. DIXIE HIGHWAY
MIAMI FL 33156

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 of the person authorized to execute this report (Signature of the President, Secretary, Treasurer, or other officer or director)

(If the Registered Agent signature requires notarization, attach a Notary Public Seal)

DATE

12. OFFICERS AND DIRECTORS

11. TITLE ☐ DELETE

NAME
D
HUTTON, SUE
STREET ADDRESS
9795 S. DIXIE HIGHWAY
CITY, ST, ZIP
MIAMI FL

12. TITLE ☐ DELETE

NAME
PD
MORRISON, ALBERT JR
STREET ADDRESS
9795 S. DIXIE HWY
CITY, ST, ZIP
MIAMI FL

13. TITLE ☐ DELETE

NAME
SD
BURTON, W. KANTER
STREET ADDRESS
9795 S. DIXIE HWY.
CITY, ST, ZIP
MIAMI FL

14. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

15. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

16. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

31. TITLE ☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

41. TITLE ☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

51. TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

61. TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 (305) 667-3500

CR2E037 (12/95)