FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745625

1. Corporation Name
THE AURENE CHARITABLE FOUNDATION FOR ARTS, SCIENCE AND MEDICINE, INC.

Principal Place of Business / Mailing Address
ARBOUR BUILDING, SUITE 208
440 E. SAMPLE ROAD
POMPANO BEACH, FL 33064-4432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1-18-79
3a. Date of Last Report: 4-29-94
4. FEI Number: 65-0207787 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent
URBANEK, AUGUST
ARBOUR BUILDING, SUITE 208
POMPANO BEACH, FL 33064

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	☐ Change ☐ Addition
NAME	URBANEK, AUGUST	12 NAME	700001483127
STREET ADDRESS	1314 N. OCEAN BLVD.	13 STREET ADDRESS	-05/10/95--01100--017
CITY-ST-ZIP	GULFSTREAM, FL 33432	14 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	S/D	21 TITLE	☐ Change ☐ Addition
NAME	RAGLAND, KATHLEEN U.	22 NAME	
STREET ADDRESS	10355 PRESTWICK RD.	23 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	24 CITY-ST-ZIP	
TITLE	A/T/D	31 TITLE	☒ Change ☐ Addition
NAME	WALSH, GERALD S.	32 NAME	
STREET ADDRESS	2457 N. 90th ST.	33 STREET ADDRESS	310 W. WISCONSIN AVE.
CITY-ST-ZIP	WAUWATOSA, WIS.	34 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	T/D	41 TITLE	☐ Change ☐ Addition
NAME	URBANEK, GERALD	42 NAME	
STREET ADDRESS	440 E. SAMPLE RD. SU. 208	43 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: Kathleen U. Ragland 4-29-95 407-274-4679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
KW