

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **745625** (4)

1. Corporation Name

THE AU-RENE CHARITABLE FOUNDATION FOR ARTS, SCIENCE AND MEDICINE, INC.



Principal Place of Business

Mailing Address

ARBOUR BUILDING, SUITE 208
440 EAST SAMPLE ROAD
POMPANO BEACH FL 33064-4432

ARBOUR BUILDING, SUITE 208
440 EAST SAMPLE ROAD
POMPANO BEACH FL 33064-4432

3. Date Incorporated or Qualified
01/18/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **777 East Atlantic Avenue** 2a **777 E. Atlantic Ave.**

4. FEI Number

65-0207787

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **210**

Suite, Apt. #, etc.

27 **210**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State
23 **Delray Beach, Fl.**

City & State
28 **Delray Beach, Fl.**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

24 **33483**

Country

25 **Palm Beach**

Zip

29 **33483**

Country

30 **Palm Beach**

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

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

URBANEK, AUGUST
ARBOUR BUILDING, SUITE 208
440 EAST SAMPLE ROAD
POMPANO BEACH FL 33064

81 Name

August Urbanek

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

**777 East Atlantic Avenue
Room 210**

84 City

Delray Beach

FL

85 Zip Code

33483

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	PD	<input type="checkbox"/> DELETE
NAME	URBANEK, AUGUST	
STREET ADDRESS	1314 NORTH OCEAN BLVD.	
CITY-ST-ZIP	GULFSTREAM FL 33432	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RAGLAND, KATHLEEN U.	
STREET ADDRESS	10355 PRESTWICK RD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	WALSH, GERALD S.	
STREET ADDRESS	310 W. WISCONSIN AVE.	
CITY-ST-ZIP	MILWAUKEE WI 53203	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	URBANEK, GERALD	
STREET ADDRESS	440 E. SAMPLE RD., SU 208	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ATD Walsh, Gerald S.
3.3 STREET ADDRESS	1505 Wauwatosa Avenue
3.4 CITY-ST-ZIP	Wauwatosa, Wisconsin 53213
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD Urbanek, Gerald
4.3 STREET ADDRESS	777 E. Atlantic Ave., Suite 210
4.4 CITY-ST-ZIP	Delray Beach, Fl. 33483
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

August Urbanek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

407 243 9989

Date

Daytime Phone

CR2E037 (12/95)