

FILE NOW: FILING FEE IS \$61.25

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**Mar 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 814109 (5)

1. Corporation Name
THE MONTGOMERY FOUNDATION, INC.



Principal Place of Business C/O W.D. HAYNES 2 WISCONSIN CIRCLE, SUITE 400 CHEVY CHASE MD 20815	Mailing Address C/O W.D. HAYNES 2 WISCONSIN CIRCLE, SUITE 400 CHEVY CHASE MD 20815
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3. Date Incorporated or Qualified 12/21/1959	
4. FEI Number 13-6153649	Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business 4520 East West Highway	22. Sulte, Apt. #, etc. # 530	23. City & State Bethesda MD	24. Zip MD 20814	25. Country USA	26. Mailing Address C/O W.D. HAYNES	27. Sulte, Apt. #, etc. Suite 530	28. City & State Bethesda MD	29. Zip 20814	30. Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Exempt

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ASD	1.1 TITLE	D
NAME	LOYD, KELLY	1.2 NAME	Nicholas Kelly
STREET ADDRESS	11085 SW 53RD AVE	1.3 STREET ADDRESS	1050 SAN PEDRO AVE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	CORAL GABLES FL 33156
TITLE	VSTO	2.1 TITLE	
NAME	HAYNES, WALTER D	2.2 NAME	
STREET ADDRESS	5407 SPANGLER AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	DV
NAME	MONTGOMERY, ARTHUR	3.2 NAME	
STREET ADDRESS	112 SHERIDAN AVE	3.3 STREET ADDRESS	2215 Ambassador Drive NE, Apt 7
CITY-ST-ZIP	HO-HO-KUS NJ	3.4 CITY-ST-ZIP	Albuquerque NM 87112
TITLE	D	4.1 TITLE	
NAME	SMILEY, KARL	4.2 NAME	
STREET ADDRESS	9979 SW 52ND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	PETER MANZ	5.2 NAME	
STREET ADDRESS	2380 BAY VILLAGE COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	
NAME	BELLAMY, JEANNE	6.2 NAME	
STREET ADDRESS	2718 SECOVIA ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	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.

SIGNATURE: *[Signature]* **2/24/98 301-718-8600**

CR2E037 (10/97)