FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F96000003600 (1)

THE AMERICAN OPPORTUNITY FOUNDATION, INC.

FILED

Jan 16 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address				i 1891169 tirm torin öriti börri dastt götti öldti setas bitti öntir gatt 1661.				
5755 DUPREE ATLANTA GA S		5755 DUPREE DR NW #110 ATLANTA GA 30327-4352								
						3. Date Incorporated or 07/17/1996	Qualified	3a. Date o	f Last Re	port
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ap	plied For
21		26						t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status De	esired [_ \$		dditional	
22		27							Fee Re	duired
City & State	e	City & State			6. Election Campaign Fir	· ·		\$5.00		
23		28				Trust Fund Contributio			Added to	
Zip	Country	Zip		ountry	,	8. This corporation has li				199.032,
24	25 9. Name and Address of Curren	29 Agent	30			Florida Statutes 10. Name and Address of	∐ Y			
	g. Name and Addition of Curren	t Hogistorou Agoni		B1	Name	jo. Hamo and Hadisəs C	i itom mogre	reled Age	,	
0.7.00	DDODATION OVOTEN			Ľ						
	RPORATION SYSTEM		82 Street Ad			fress (P.O. Box Number is Not	Acceptable)			
	OUTH PINE ISLAND ROAD			83		<u></u>				
PLANIA	ATION FL 33324			"						
				84	City			FL	5 Zip C	ode
	to the provisions of Sections 617,050	0 4 047 4500 51								
office or r	registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida, Such change was	s authori:	zed b	v the corpora	ation's board of directors. I her	eby accept t	he appoint	ment as	registered
SIGNATURE .	Signature, typed or printed name of registered age	ot and tills if applicable (N	OTF Begiste	ared An	en signalure ten	ulred when reinstating)		DATE		
12.	OFFICERS AN		1;		er, agriculo requ	ADDITIONS/CHANGES			RECTOR	S IN 12
TITLE	PT	☐ DELETE	1.1	TITLE					Change	Addition
NAME	KENNEDY, PHILIP J		1,2	2 NAME					•	
STREET ADDRESS	5561 ARUNDEL DR NW				T ADDRESS					
CITY-ST-ZIP	ATLANTA GA 30327			CITY-	- 1					
TITLE	D	DELETE		TITLE	31-24				Change	Addition
NAME	CORREA, SYLVIA A		2:	NAME)					
STREET ADDRESS	215 PIEDMONT RD #1901		23	STAFF	T ADDRESS		•			
City - St - ZiP	ATLANTA GA 30308			4 CiTY-						
TITLE	D	DELETE		TITLE					Change	Addition
NAME	DERRICK, ROBERT R		3.3	2 NAME						
STREET ADDRESS	2031 SPRINGLAKE DR		3.3	STREE	T ADDRESS					
CITY - ST - ZIP	ATLANTA GA 30305			. CITY-						
TITLE	D	DELETE		TITLE					Change	Addition
NAME	FLINT, DAVID H		4.	2 NAME					•	
STREET ADDRESS	985 IVY FALLS DR				T ADDRESS					
CITY-ST-ZIP	ATLANTA GA 30328			CITY-	į.					
TITLE	S	DELETE		1 TITLE		·	***************************************		Change	Addition
NAME	HAMMER, JACK T	-		2 NAME					•	
STREET ADDRESS	7133 BAY DR PH #4				T ADDRESS					
CITY-ST-ZIP	MIAMI BCH FL 33141		- 1	4 CITY-1						
TITLE	INTERNATION OF THE COURT	☐ DELETE		TITLE	51.7£R				Change	Addition
NAME		,		2 NAME	}				-0-	
[
STREET ADDRESS					T ADORESS					
CITY-ST-71P	1		■ 6	4 CITY -	SI-7P I					

I do 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.