

**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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **N12127 (9)**

95 JAN 26 PM 3:43

1. Corporation Name  
**MAKE-A-WISH FOUNDATION OF SOUTH FLORIDA, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**C/O NANCY STROM  
3201 GRIFFIN RD #106  
FT LAUDERDALE FL 33312  
US**

Mailing Address  
**9860 S.W. 3 CT  
PLANTATION FL 33324  
US**

3. Date Incorporated or Qualified **11/18/1985** 3a. Date of Last Report **01/28/1994**  
4. FEI Number **59-2620322** Applied For   
Not Applicable

2. Principal Place of Business  
21 **21** 2a. Mailing Address  
22 **3201 Griffin Rd #106**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
23 **Ft. Lauderdale**  
City & State City & State  
24 **FL**  
Zip Country Zip Country  
25 **33312** 29 **USA**

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

9. Name and Address of Current Registered Agent  
**STROM, NANCY  
9860 SW 3 CT  
PLANTATION FL 33324**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>MORRIS, PATRICK G</b>
STREET ADDRESS	<b>11228 PENNSYLVANIA AVE. #12</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>SD</b>
NAME	<b>CARNEY, ANN</b>
STREET ADDRESS	<b>1435 SEABAY RD</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<b>TD</b>
NAME	<b>LAZARRO, MARK</b>
STREET ADDRESS	<b>1175 FAIRFAX LN</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1446 Lenox Ave #1</b>
1.4 CITY-ST-ZIP	<b>Miami Bch FL 33139</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>33326</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>33326</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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)(b), 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: Nancy Strom **Nancy Strom** 1/13/94 3059679474  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #