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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N21928 (9)

1. Corporation Name

SUN-SENTINEL CHARITIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 200 E LAS OLAS BLVD<br>FT. LAUDERDALE FL 33301 | 200 E LAS OLAS BLVD<br>FT. LAUDERDALE FL 33301 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1987
3a. Date of Last Report: 02/25/1994
4. FEI Number: 58-7238113 ☐ 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

FERRERO, RAYMOND F.
707 SE 3RD AVENUE
SUITE 600
FT. LAUDERDALE FL 33302

10. Name and Address of New Registered Agent

81 Name: HARGROVE, JOHN R.
82 Street Address (P.O. Box Number is Not Acceptable): 500 E. BROWARD BLVD.
83: SUITE 1000
84 City: FT. LAUDERDALE FL 85 Zip Code: 33394

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 _____ JOHN R. HARGROVE 3/7/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) Date

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SMITH, JAMES | 1.2 NAME | | |
| STREET ADDRESS | 200 E LAS OLAS BLVD | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 1.4 CITY-ST-ZIP | | |
| TITLE | D | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GREENBERGER, SHELDON | 2.2 NAME | | |
| STREET ADDRESS | 200 E LAS OLAS BLVD | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 2.4 CITY-ST-ZIP | | |
| TITLE | VP | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RIEDEL, MARY | 3.2 NAME | | |
| STREET ADDRESS | 200 E LAS OLAS BLVD | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 3.4 CITY-ST-ZIP | | |
| TITLE | S | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GROSS, BONNIE | 4.2 NAME | | |
| STREET ADDRESS | 200 E LAS OLAS BLVD | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 4.4 CITY-ST-ZIP | | |
| TITLE | T | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KISSHAUER, H. T | 5.2 NAME | | |
| STREET ADDRESS | 200 E LAS OLAS BLVD | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT LAUDERDALE FL | 5.4 CITY-ST-ZIP | | |
| TITLE | D | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BARRETT, CHARLES K | 6.2 NAME | | |
| STREET ADDRESS | 200 E LAS OLAS BLVD | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT LAUDERDALE FL | 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)(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: H. Todd Kisshauer 03/09/95 (305) 356-4255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

D0000305