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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:19

DOCUMENT # N37889 (5)

1. Corporation Name
DON SHULA FOUNDATION, INC.

Principal Place of Business	Mailing Address
% CHARLES O. MORGAN, JR. 1300 N.W. 167TH ST. MIAMI FL 33169	% CHARLES O. MORGAN, JR. 1300 N.W. 167TH ST. MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1990
3a. Date of Last Report: 02/04/1994
4. FEI Number: 65-0192721 ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MORGAN, CHARLES O JR
1300 N.W. 167TH ST
MIAMI FL 33169

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	☐ Change ☐ Addition
NAME	HORTON, LAURA M.	1.2 NAME	
STREET ADDRESS	1300 N.W. 167TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	STANTON, WILLIAM	2.2 NAME	
STREET ADDRESS	3041 WEST LANE KEYS	2.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20007	2.4 CITY-ST-ZIP	
TITLE	EDT	3.1 TITLE	☐ Change ☐ Addition
NAME	MORGAN, CHARLES O JR	3.2 NAME	
STREET ADDRESS	1300 N.W. 167TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	3.4 CITY-ST-ZIP	
TITLE	TT	4.1 TITLE	☐ Change ☐ Addition
NAME	HOGUE, CHARLES	4.2 NAME	
STREET ADDRESS	5401 N. 36TH COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYOWOOD FL 33021	4.4 CITY-ST-ZIP	
TITLE	PT	5.1 TITLE	☐ Change ☐ Addition
NAME	SHULA, DONALD F	5.2 NAME	
STREET ADDRESS	~~7345 GLENEAGLE DRIVE~~	5.3 STREET ADDRESS	7500 S. W. 30th Street
CITY-ST-ZIP	~~MIAMI LAKES FL 33014~~	5.4 CITY-ST-ZIP	Davie, FL 33134
TITLE	VT	6.1 TITLE	☐ Change ☐ Addition
NAME	SHULA, MICHAEL	6.2 NAME	
STREET ADDRESS	~~242 BROXTON WAY~~	6.3 STREET ADDRESS	242 Braxton Way
CITY-ST-ZIP	GRAYSLAKE IL 60030	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 alteration.

SIGNATURE: Charles Hogue
Charles Hogue, Treasurer — 2/6/95 — 305-987-1377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #