

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N50700 (6)**

1. Corporation Name  
**WE WILL REBUILD FOUNDATION, INC.**



Principal Place of Business      Mailing Address  
**7600 CORPORATE CENTER DRIVE  
MIAMI FL 33126  
US**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/03/1992**      **05/01/1995**

2. Principal Place of Business      2a. Mailing Address  
21 **PO Box 52-0828**      26 **PO Box 52-0828**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

4. FEI Number      Applied For  
**65-0353818**      Not Applicable

22 City & State      27 City & State  
23 **MIAMI, FL**      28 **MIAMI, FL**

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

24 Zip      25 Country      29 Zip      30 Country  
**33152**      **USA**      **33152**      **USA**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC  
1201 HAYS STREET  
STE. 105  
TALLAHASSEE FL 32301**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code  
**FL**

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PETREY, ROD</b>	
STREET ADDRESS	<b>701 BRICKELL, 30TH FL</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>EPLING, ROBERT</b>	
STREET ADDRESS	<b>P.O. BOX 379 N/A</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33090</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>REVEREND WALTER RICHARDSON</b>	
STREET ADDRESS	<b>17201 SW 103RD. AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del><b>GOTHARD, BARBARA</b></del>	
STREET ADDRESS	<del><b>4100 NE 2 AVE STE 305</b></del>	
CITY-ST-ZIP	<del><b>MIAMI FL</b></del>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del><b>HUDSON, SHERRILL W</b></del>	
STREET ADDRESS	<del><b>100 SE 2 ST SUITE 2500</b></del>	
CITY-ST-ZIP	<del><b>MIAMI FL</b></del>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del><b>O'LAUGHLIN, SISTER J</b></del>	
STREET ADDRESS	<del><b>11800 NE 2ND AVE</b></del>	
CITY-ST-ZIP	<del><b>MIAMI SHORES FL</b></del>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**R. Petrey**

**2/27/96**  
Date

**305/548-1607**  
City/Phone #

CR2E037 (12/95)