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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001275 (6)**

1. Corporation Name

MALVAI O. WASHINGTON PRIVATE FOUNDATION, INC.



Principal Place of Business % 506 S FLAGLER DR STE 900 W PALM BEACH FL 33401	Mailing Address % 506 S FLAGLER DR STE 900 W PALM BEACH FL 33401
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3. Date Incorporated or Qualified 03/09/1994	
4. FEI Number 65-0460990	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**WASHINGTON, WILLIAM A
450 EGRET CIR
APT 9104
DELRAY BEACH FL 33444**

10. Name and Address of New Registered Agent

81. Name TERRI FLORIO
82. Street Address (P.O. Box Number is Not Acceptable) 3699 SANDWARY WAY SOUTH
83. City JACKSONVILLE BEACH FL
84. Zip Code 32250

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 *TERRI FLORIO* *TERRI FLORIO* *2/10/98*

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WASHINGTON, MALVAI O	
STREET ADDRESS	109 ROYAL LAGOON CT	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WASHINGTON, WILLIAM A	
STREET ADDRESS	450 EGRET CIR #9104	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WASHINGTON, CHRISTINE	
STREET ADDRESS	450 EGRET CIR #9104	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Addition
4.2 NAME	TERRI FLORIO
4.3 STREET ADDRESS	3699 SANDWARY WAY SOUTH
4.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	STD
5.3 STREET ADDRESS	JENNIFER CARPER
5.4 CITY-ST-ZIP	165 PATRICK MLL CIRCLE
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 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.

SIGNATURE: *x Malvai O. Washington* *Malvai Washington* *Jan. 26, 1998* *904 273-2167*

CFR2037 (10/97)