

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 # N94000003564 (1)

1. Corporation Name
ONE UNITED BAND, THE EDISON LINKAGE FOUNDATION, INC.



Principal Place of Business Mailing Address
501 BRICKELL KEY DRIVE SUITE 300 MIAMI FL 33131

3. Date Incorporated or Qualified **07/18/1994** 3a. Date of Last Report **12/19/1995**

2. Principal Place of Business 2a. Mailing Address
21 **1601 South Miami Avenue** 26 **1601 South Miami Avenue**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **MIAMI, FL** 27 **MIAMI, FL**
City & State City & State
23 **MIAMI, FL** 28 **MIAMI, FL**
Zip Country Zip Country
24 **33129** 25 **U.S.** 29 **33129** 30 **U.S.**

4. FEI Number **65-0507958** 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**
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

BAILEY, GUY B JR
501 BRICKELL KEY DRIVE SUITE 300
MIAMI FL 33131

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, JR., GUY B	1.2 NAME	
STREET ADDRESS	501 BRICKELL KEY DRIVE SUITE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, ADELE	2.2 NAME	
STREET ADDRESS	14814 BRECKNESS PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33016	2.4 CITY-ST-ZIP	
TITLE	VPDS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE MCCABE, ARVA	3.2 NAME	
STREET ADDRESS	1801 S. MIAMI AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEYE, CHARLES N	4.2 NAME	
STREET ADDRESS	12580 NE 9TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL 33161	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, CAROL F	5.2 NAME	
STREET ADDRESS	5501 SW 101ST STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33158	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COONEY, JAMES J	6.2 NAME	
STREET ADDRESS	1811 ATLANTIS PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	6.4 CITY-ST-ZIP	

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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 if changed, or on an attachment with an address.

SIGNATURE: Charles N. Keye **5/1/96** **(305) 849-1060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Charles N. Keye, Treasurer

CR2E037 (12/95)