

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 # **N95000001126 (0)**

1. Corporation Name

RATIONAL IMMIGRATION POLICY FOUNDATION, INC.



Principal Place of Business: 126 SW 2ND AVENUE DELRAY BEACH FL 33444
Mailing Address: 126 SW 2ND AVENUE DELRAY BEACH FL 33444

3. Date Incorporated or Qualified: **03/08/1995**
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 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

BENGISU, DOGAN M ESQ.
240 WEST PALMETTO PARK ROAD STE 300
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: **BEVERLY MIZE**
82 Street Address (P.O. Box Number is Not Acceptable): **126 SW 2nd Avenue**
83
84 City: **DeLray Beach FL** 85 Zip Code: **33444**

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: *Beverly H. Mize*

(NOTE: Registered Agent signature required when reinstating)

DATE: **3.6.96**

12. OFFICERS AND DIRECTORS

TITLE: **Director** DELETE
NAME: **Robert W. Ross, Jr.**
STREET ADDRESS: **2605 E. Atlantic Blvd #305**
CITY-ST-ZIP: **Pompano Beach, FL 33062**

TITLE: **Director** DELETE
NAME: **Dogan Bengisu**
STREET ADDRESS: **2 East Camino Real #211F**
CITY-ST-ZIP: **Boca Raton, FL 33432**

TITLE: **Director** DELETE
NAME: **Beverly H. Mize**
STREET ADDRESS: **126 SW 2nd Ave.**
CITY-ST-ZIP: **DeLray Beach, FL 33444**

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP: Change Addition

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY-ST-ZIP: Change Addition

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-ST-ZIP: Change Addition

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS: **800001843078**
44 CITY-ST-ZIP: **-05/29/96--01117--006**
*****61.25** Change Addition

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY-ST-ZIP: Change Addition

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS: **5-29-96**
64 CITY-ST-ZIP: **AEB**

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: *Beverly H. Mize* **Beverly H. Mize, Treasurer** Date: **3.6.96** 407.278.9247

CR2E037 (12/95)