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 22 AM 11:21

DOCUMENT # P33552 (1)

1. Corporation Name
ORPHAN FOUNDATION OF AMERICA INCOPORATED

Principal Place of Business	Mailing Address
1500 MASSACHUSETTS AVE., N.W. STE. 448 WASHINGTON DC 20005	1500 MASSACHUSETTS AVE., N.W. STE. 448 WASHINGTON DC 20005

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1991
3a. Date of Last Report: 03/28/1994
4. FEI Number: 52-1238437 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

KLEIN, FREDRICK
607 SEA GULL CT
EDGEWATER FL 32141

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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	AQILINO, JOHN	1.2 NAME	
STREET ADDRESS	507 11 STREET S.E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BRUNEAU, PAULA	2.2 NAME	
STREET ADDRESS	32 SARGENT AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASHUA NH	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MIDDLETON, JOAN	3.2 NAME	
STREET ADDRESS	1310 LONGWORTH BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WILD, PEGGY	4.2 NAME	
STREET ADDRESS	15319 CHATSWORTH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MISSION HILLS CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MCCAFFREY, EILEEN	5.2 NAME	
STREET ADDRESS	11652 STONEVIEW SQ. 22C	5.3 STREET ADDRESS	
CITY-ST-ZIP	RESTON VA	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	WEEKLY	6.2 NAME	
STREET ADDRESS	9552 SPRUCEWOOD DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BURKE VA	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 address.

SIGNATURE: _____ Peter D. Weekly Jan 21, 1995 703-913-1563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072764