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 APR 12 PM 12:18

DOCUMENT # **N49993** **(1)**

1. Corporation Name

FLORIDA INTERNATIONAL AFFAIRS FOUNDATION, INC.

Principal Place of Business	Mailing Address
OFFICE OF THE GOVERNOR THE CAPITOL TALLAHASSEE FL 32399-0001 US	OFFICE OF THE GOVERNOR THE CAPITOL TALLAHASSEE FL 32399-0001 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0365695 ☐ 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
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

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

9. Name and Address of Current Registered Agent

TURNBULL, NAT M.
OFFICE OF THE GOVERNOR
THE CAPITOL
TALLAHASSEE FL 32399-0001

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	
			☐ Change ☒ Addition
TITLE	ED	11 TITLE	D
NAME	TURNBULL, NAT M	12 NAME	Becker, Alan S.
STREET ADDRESS	OFFICE OF THE GOVERNOR, THE CAPITOL	13 STREET ADDRESS	3111 Stirling Road
CITY-ST-ZIP	TALLAHASSEE FL 32399-0001	14 CITY-ST-ZIP	Ft. Lauderdale, FL. 33310-9057
			☒ Change ☐ Addition
TITLE	D	21 TITLE	D
NAME	DINGLE, JERRY	22 NAME	Benson, Hayward
STREET ADDRESS	400 NORTH ASHLEY, STE. 2800	23 STREET ADDRESS	P.O. Box 950
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	Ft. Lauderdale, FL. 33302-0950
			☒ Change ☐ Addition
TITLE	D	31 TITLE	D
NAME	LUNETTA, CARMEN	32 NAME	Bolas, Joan
STREET ADDRESS	1015 N. AMERICA WY-PORT OF MIAMI	33 STREET ADDRESS	2717 Colonial Blvd.
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Ft. Myers, FL. 39907
			☒ Change ☐ Addition
TITLE	D	41 TITLE	D
NAME	STARLING, BRUCE	42 NAME	Starling, Bruce
STREET ADDRESS	PO BOX 10000-DISNEY WORLD CO.	43 STREET ADDRESS	2499 N. Orange Blossom Trail
CITY-ST-ZIP	LAKE BUENA VISTA FL	44 CITY-ST-ZIP	Kissimmee, FL. 34742-1150
			☒ Change ☐ Addition
TITLE	D	51 TITLE	D
NAME	DUSSFALL, HONORABLE C	52 NAME	Maguire, Amelia R.
STREET ADDRESS	107 W. GAINES, STE 538 DEPT OF COMMERCE	53 STREET ADDRESS	701 Brickell Ave., Suite 3000
CITY-ST-ZIP	TALL FL	54 CITY-ST-ZIP	Miami, FL. 33131
			☒ Change ☐ Addition
TITLE	D	61 TITLE	D
NAME	RANSON, CHARLES M	62 NAME	Ranson, Charles M.
STREET ADDRESS	215 S. MONROE ST. - FIRST FLA BANK TOWER	63 STREET ADDRESS	325 West Park Avenue
CITY-ST-ZIP	TALL FL	64 CITY-ST-ZIP	Tallahassee, FL. 32302

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: _____ 4/5/95 904-922-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Nat M. Turnbull, Jr.

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