

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 # **814109** (5)

1. Corporation Name

THE MONTGOMERY FOUNDATION, INC.



Principal Place of Business

Mailing Address

C/O W.D. HAYNES
2 WISCONSIN CIRCLE, SUITE 400
CHEVY CHASE MD 20815

C/O W.D. HAYNES
2 WISCONSIN CIRCLE, SUITE 400
CHEVY CHASE MD 20815

3. Date Incorporated or Qualified **12/21/1959** 3a. Date of Last Report **03/28/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 13-6153649		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		29. Country					
25. Country		30. Country					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PASD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOYD, KELLY	1.2 NAME	PETER A. MANZ
STREET ADDRESS	11095 SW 53RD AVE	1.3 STREET ADDRESS	2380 BAY VILLAGE COURT
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	PALM BEACH GARDENS FL 33410
TITLE	VSTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES, WALTER D	2.2 NAME	
STREET ADDRESS	5407 SPANGLER AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BETHESDA MD	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, ARTHUR	3.2 NAME	
STREET ADDRESS	112 SHERIDAN AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	HO-HO-KUS NJ	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMILEY, KARL	4.2 NAME	
STREET ADDRESS	9979 SW 52ND AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOYD, KELLY	5.2 NAME	
STREET ADDRESS	11095 SW 53RD AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLAMY, JEANNE	6.2 NAME	
STREET ADDRESS	2718 SECOVA ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	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)(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:

Walter D. Haynes Vice Pres, Acc./Treas

3/1/96

301-718-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)