

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 # F94000005047 (5)

1. Corporation Name

GULF MEDICAL RELIEF FUND, INC.

Principal Place of Business

PO BOX 290552
TAMPA FL 33687-0552

Mailing Address

PO BOX 290552
TAMPA FL 33687-0552



3. Date Incorporated or Qualified
09/29/1994

3a. Date of Last Report
08/07/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

AL-NASHR, ABDULKHALEO
4114 KINNEY ST.
PORT CHARLOTTE FL 33984

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 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

Nafeesah Abdurrahman

(NOTE: Registered Agent's signature required when reinstating)

5/1/96

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

AL-NASHR, ABDULKHALEO
4114 KINNEY ST.
PORT CHARLOTTE FL 33984

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

ABDURRASHID, NAFEESEAH
5613 EAST 127TH AVENUE APT. B
TAMPA FL 33617

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

AL-DAHIR, ABDUL S
4521 CONLIN STREET
METAIRIE LA 70006

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

1.1 TITLE

Al-Nashr, Abdulkhaleo
18093 O'Hara Drive
Port Charlotte FL 33948

Change

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

Abdurrahid, Nafeesah
5613 East 127th Ave Apt. B
Tampa FL 33617

Change

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

Al Dahir, Abdul S
4521 Conlin Street
Metairie LA 70006

Change

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

500001883685
-07/03/96--01070--037
***61.25

Change

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change

Addition

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: Nafeesah Abdurrahman Nafeesah Abdurrahman 5/1/96 987-982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)