

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 25 1996 8:00 am
Secretary of State

DOCUMENT # **719013** (5)

1. Corporation Name

THE KIRK A. AND DOROTHY P. LANDON FOUNDATION, IN C.

Principal Place of Business

**2 CASUARINA CONOURSE
CORAL GABLES FL 33143
US**

Mailing Address

**2 CASUARINA CONOURSE
CORAL GABLES FL 33143
US**

3. Date Incorporated or Qualified
02/20/1970

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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4. FEI Number
23-7148133

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

10. Name and Address of New Registered Agent

~~MELROSE, MARY JANE~~
~~100 SANDY OAK PLACE~~
~~LONGWOOD FL~~

81 Name
Stephen A. Lynch III

82 Street Address (P.O. Box Number is Not Acceptable)
700 Brickell Avenue

83

84 City
Miami

FL 85 Zip Code
33131

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

Stephen A. Lynch III

7/22/96

Signature, typed or printed name of registered agent, and if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME
LANDON, R. KIRK
STREET ADDRESS
2 CASUARINA CONOURSE
CITY - ST - ZIP
CORAL GABLES FL

TITLE **VD** ☒ DELETE

NAME
~~MELROSE, MARY JANE~~
STREET ADDRESS
~~100 SANDY OAK PLACE~~
CITY - ST - ZIP
~~LONGWOOD FL~~

TITLE **STD** ☐ DELETE

NAME
MART, THOMAS F
STREET ADDRESS
505 BILTMORE WAY
CITY - ST - ZIP
CORAL GABLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

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

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

D
Stephen A. Lynch III
700 Brickell Avenue
Miami, FL 33131

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SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)