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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **814109** (5)

1. Corporation Name

THE MONTGOMERY FOUNDATION, INC.



Principal Place of Business C/O W.D. HAYNES 2 WISCONSIN CIRCLE, SUITE 400 CHEVY CHASE MD 20815	Mailing Address C/O W.D. HAYNES 2 WISCONSIN CIRCLE, SUITE 400 CHEVY CHASE MD 20815
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3. Date Incorporated or Qualified 12/21/1959
4. FEI Number 13-6153649
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 4520 East West Highway Suite, Apt. #, etc. 22 #530 City & State 23 Bethesda MD Zip 24 MD 20814	2a. Mailing Address 26 4520 East West Highway Suite, Apt. #, etc. 27 Suite 530 City & State 28 Bethesda MD Zip 29 20814 Country 30 USA
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Exempt

9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	ASD <input type="checkbox"/> DELETE
NAME	LOYD, KELLY
STREET ADDRESS	11095 SW 53RD AVE
CITY-ST-ZIP	MIAMI FL
TITLE	VSTO <input type="checkbox"/> DELETE
NAME	HAYNES, WALTER D
STREET ADDRESS	5407 SPANGLER AVE
CITY-ST-ZIP	BETHESDA MD
TITLE	D <input type="checkbox"/> DELETE
NAME	MONTGOMERY, ARTHUR
STREET ADDRESS	112 SHERIDAN AVE
CITY-ST-ZIP	HO-HO-KUS NJ
TITLE	D <input type="checkbox"/> DELETE
NAME	SMILEY, KARL
STREET ADDRESS	9979 SW 52ND AVE
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PETER MANZ
STREET ADDRESS	2380 BAY VILLAGE COURT
CITY-ST-ZIP	PALM BCH GARDENS FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	BELLAMY, JEANNE
STREET ADDRESS	2718 SECOVIA ST
CITY-ST-ZIP	CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Nicholas Kelly
1.3 STREET ADDRESS	1050 SAN PEDRO AVE
1.4 CITY-ST-ZIP	CORAL GABLES FL 33156
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2215 Ambassador Drive NE, Apt 7
3.4 CITY-ST-ZIP	Albuquerque NM 87112
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:  2/24/98 301-718-8600

CR2E037 (1097)