

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 704262 (5)

1. Corporation Name
CYSTIC FIBROSIS SOCIETY INC

95 MAY -1 AM 9:16

Principal Place of Business 6395 CHAPMAN FIELD DR MIAMI FL 33156	Mailing Address P.O. BOX 1731 MIAMI FL 33156
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/09/1962	3a. Date of Last Report 07/26/1994
4. FEI Number 59-2181590	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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

BIVENS, LUCILLE
6395 CHAPMAN FIELD DR
MIAMI FL 33156

10. Name and Address of Now 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 Lucille Bivens APRIL 20, 1995
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BIVENS, LUCILLE
STREET ADDRESS	6395 CHAPMAN FIELD DR.
CITY - ST - ZIP	MAIM FL
TITLE	VD
NAME	HUCK, MARY
STREET ADDRESS	920 SEVILLA AVE.
CITY - ST - ZIP	CORAL GABLES FL
TITLE	S
NAME	TOKARSKY, OLIVIA
STREET ADDRESS	11525 SW 58 ST.
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	DUTKEWYCZ, SIGRID
STREET ADDRESS	14055 SW 80 ST.
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	ASHLEY, KATHRYN
STREET ADDRESS	13025 SW 60 AVE.
CITY - ST - ZIP	MAIMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

REMITTED BY MAY 1

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: Lucille Bivens LUCILLE BIVENS APRIL 20, 1995 305-665-6174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)