FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:25

DOCUMENT # 708247 (2)

1. Corporation Name
THE CLOISTERS FOUNDATION OF ST. BERNARD DE CLAIR VAUX

Principal Place of Business	Mailing Address
16711 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33160	16711 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1964
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-6165566 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

USTIAK, CAROL
16711 W. DIXIE HWY.
N. MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name: Stanley Kay
82 Street Address (P.O. Box Number is Not Acceptable): 4000 N.E. 170 th St.
83
84 City: N. Miami Beach FL 85 Zip Code: 33160

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: Stanley Kay
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mailing)
DATE: 2/13/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	BAILEY, BRUCE E.	1.2 NAME	
STREET ADDRESS	1505 N.E. 140 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	N.MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D ☑ Change ☐ Addition
NAME	USTIAK, CAROL	2.2 NAME	Kay, Stanley
STREET ADDRESS	933 N.E. 199TH ST. #101	2.3 STREET ADDRESS	4000 N.E. 170 th st.
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	2.4 CITY-ST-ZIP	N. Miami Beach, Fl 33160
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	BESSENT, RALPH	3.2 NAME	
STREET ADDRESS	1748 N.E. 176 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH. FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	JAMES RUGG	4.2 NAME	
STREET ADDRESS	2015 N. HIBISCUS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33181	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Stanley Kay
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR
Date: 2/13/95 Daytime Phone #: 305-940-8168

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