## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

(1)

Mailing Address

ROBERT O. LAW FOUNDATION, INC.

POST OFFICE BOX 11025 FT. LAUDERDALE FL 33339		POST OFFICE BOX 11025 FT. LAUDERDALE FL 33339-1025							·	
							<ol> <li>Date Incorporated or Qualit</li> <li>02/28/1966</li> </ol>	ied <b>3a.</b> Da	te of Las 01/24/	
<b>└</b>	lace of Business	2a. Mailing Address				4. FEI Number	······································		Applied For	
21		26				59-0914810			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1.	5. Certificate of Status Desired	a 🗆		5 Additional	
City & State		City & State							Required	
23	<i>y</i>	├─ <b>─</b>	28				<ol><li>Election Campaign Financial Trust Fund Contribution</li></ol>	ng		00 May Be ed to Fees
Zip				Country			8. This corporation has liability			
24	<u> </u>		30			1	Florida Statutes  Yes  No			
	9. Name and Address of Currer	nt Registered Agent				1	0. Name and Address of Ne	w Registered	Agent	
				81	Name	9				
LEONARD, WILLIAM F.				82	Street	t Address	(P.O. Box Number is Not Acco	eptable)		
4875 N. FEDERAL HWY., 10TH FLOOR										
FT. LAUDERDALE FL 33308				63						
1				84	City		<del>.</del>	FL	85 Z	ip Code
41 Purcupat	to the provisions of Sections 617.050	12 and 617 1509 Florida Statu	itoe the c	about	namac	d corpora	tion submits this statement for		changin	a ite registered
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorize	ed by	the cor	rporation:	s board of directors. I hereby a	accept the app	ointment	as registered
1	m familiar with, and accept the oblig	ations of, Section 617.0503, F	lorida Sta	atutes	ì.					
SIGNATURE .	Signature typed or printed name of registered ag-	eni and title if applicable (NO	TE: Register	eg Age	nt signatur	re raquired w	hen reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.				ADDITIONS/CHANGES TO	OFFICERS AND	DIRECT	ORS IN 12
TITLE	PD								☐ Chang	ge
NAME	LAW, ROBERT O., III		121	1.2 NAME						
STREET ADDRESS	2091 BEACHWOOD		1.3 \$		1.3 STREET ADDRESS					
CITY-ST-ZIP				1.4 CITY-ST-ZIP		<u> </u>			T-12.	
TITLE	VPD DELETE			2.1 TITLE			•		Chang	ge Addition
NAME	LAW, MARY JANE		2.2 NAME							
STREET ADDRESS			2.3 STREET A 2. 4 CITY-S1			•				
CITY-ST-ZIP TITLE				CITY-5 TITLE	ST-ZIP	· <del> </del>			Chanc	pe Addition
NAME				NAME					L.J Onding	, La riddiion
STREET ADDRESS				3.3 STREET ADDRESS						
CITY-ST-ZIP				CITY-S		` <u>}</u>				
TITLE	D	☐ DELETE	•	TITLE					X Chang	ge 🔲 Addition
NAME	FITZGERALD, LESLIE LAW	4. 2		4. 2 NAME ]		Har	rt, Leslie Law			
STREET ADDRESS	ISS 128 SEA MARSH ROAD 4.3		4.3 5				5-2 E. Bidwell S	t. #198		
CITY - ST - ZIP	The state of the s						som, CA 95630	"		
TITLE	D	☐ DEL€TE	☐ DEL€TE 5.1 ₹				,		Chang	ge Addition
NAME	LAW, ROBERT O IV		5.21	NAME						
STREET ADDRESS	4904 S. HEMMINGWAY CIR.				ADDRESS	1				
CITY-ST-ZIP				5.4 CITY-ST-ZIP		<b>_</b>		·	TT A	
TITLE	D D	DELETE	1	TITLE		1			Chang	ge Addition
NAME OTDEET + CODEGO	USBECK, CAROL J 8516 N.W. 57TH PLACE			NAME	ADDOCAC					
STREET ADDRESS	ODIO N.W. OF IT FLAGE		■ 6.3 3	SIRECT	ADDRESS	) I				

14. I do 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 ith banged, or on a attachment with an address.

6.4 City - ST - ZiP

6.3 STREET ADDRESS

SIGNATURE:

TAMARAC FL

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone # 0037726

**FILED** 

Jan 22 1997 8:00am

Secretary of State