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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 717007 (9)

1. Corporation Name

FLOYD L. WRAY MEMORIAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
3750 FLAMINGO ROAD DAVIE, FL 33330	3750 FLAMINGO ROAD DAVIE, FL 33330

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1969
3a. Date of Last Report: 01/19/1994
4. FEI Number: 23-7112655 ☐ 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 C. 199.032, Florida Statutes ☐ Yes ☒ No IRS 501(C)(3)

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 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

MCDONALD, EDWIN D
STE 422 1040 BAYVIEW DR.
FT. LAUDERDALE, FL 33304

10. Name and Address of New 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MCDONALD, EDWIN D.	12 NAME	800001471988
STREET ADDRESS	STE 422 1040 BAYVIEW DR.	13 STREET ADDRESS	-05/02/95--01162--003
CITY-ST-ZIP	FT. LAUD, FL	14 CITY-ST-ZIP	*****68.75 *****68.75
TITLE	D/V/P	21 TITLE	☐ Change ☐ Addition
NAME	WILL, ALBERT A. JR.	22 NAME	
STREET ADDRESS	1661 SW 27 AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD. FL	24 CITY-ST-ZIP	
TITLE	P/D	31 TITLE	☐ Change ☐ Addition
NAME	BAYUK, MARY	32 NAME	
STREET ADDRESS	2412 FRYER PT.	33 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ROWLEY, PETER	42 NAME	
STREET ADDRESS	806 SW 2 ST.	43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33486	44 CITY-ST-ZIP	
TITLE	D/S	51 TITLE	☐ Change ☐ Addition
NAME	KENNGOTT, GLENN S.	52 NAME	
STREET ADDRESS	3200 NE 36 ST.	53 STREET ADDRESS	
CITY ST ZIP	FT. LAUD FL	54 CITY ST ZIP	
TITLE	D/T	61 TITLE	☐ Change ☐ Addition
NAME	WOOD, STAN	62 NAME	
STREET ADDRESS	2070 SW 90 AVE #C	63 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD FL	64 CITY-ST-ZIP	

5/1/95 MST

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: _____ STAN WOOD 1/18/95 (305) 473-2955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number