FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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 FT LAUDERDALE FL 33330	3750 FLAMINGO ROAD FT LAUDERDALE FL 33330

3. Date Incorporated or Qualified: **08/18/1969**

3a. Date of Last Report: **05/01/1995**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCDONALD, EDWIN D.
SUITE 422, 1040 BAYVIEW DRIVE
FORT 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 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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCDONALD, EDWIN D		1.2 NAME		
STREET ADDRESS	STE 422, 1040 BAYVIEW DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUD FL		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILL, ALBERT A. JR.		2.2 NAME		
STREET ADDRESS	1661 SW 27TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUD FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BAYUK, MARY		3.2 NAME		
STREET ADDRESS	2412 FRYER PT		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUD FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROWLEY, PETER		4.2 NAME		
STREET ADDRESS	806 SW 2ND STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KENNGOTT, GLEN S.		5.2 NAME		
STREET ADDRESS	3200 N.E. 36 STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT.LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WOOD, STAN		6.2 NAME		
STREET ADDRESS	2070 S.W. 90TH AVE.,#C		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: TREA. STAN WOOD 1/26/96 (954) 473-2955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #