## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 717007

1. Corporation Name

FLOYD L. WRAY MEMORIAL FOUNDATION, INC.

Principal Place of Business
3750 FLAMINGO ROAD
FT LAUDERDALE FL 33330

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

3750 FLAMINGO ROAD FT LAUDERDALE FL 33330

## **FILED** Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90077 021 \*\*\*\*61.25

Applied For

\$8:75 Additional

Fee Required

Not Applicable

145533 - 90077 - 21 \*



3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

08/18/1969

23-7112655

FEI Number

23									ree Rec	
Zip	Country Zip Cou			intry		6. Election	Campaign Financing	П	\$5.00 N	/lay Be │
24	25	29	30			Trust Fund Contribution Added to Fees				
	9. Name and Address of Current		10. Name and Address of New Registered Agent							
				81	Name					
MCDONALD, EDWIN D.				82	Street Ad	dress (P.O. Boy N	lumber is Not Accept	able)		
SUITE 422, 1040 BAYVIEW DRIVE				"-	Oli dol Au	0.003 (1 .0. 00. 1		•		
				83						•
FORT LAUDERDALE FL 33304									85 Zip C	odo -
ā · · · · · · ·				84	City			FĻ	'	. ]
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										
office or i	registered agent, or both, in the State of im familiar with, and accept the obligati	ons of, Section 617.0503	, Florida Stat	utes.	ne corpore	idona boara or air	colors, Therday doos	, ,		
SIGNATURE										
	Signature, typed or printed name of registered agent			Agent	signature requ	ired when reinstating)	IS/CHANGES TO OF	DATE	D DIRECTOR	S IN 12
12.	OFFICERS AND		13.			ADDITION	13/CHANGES TO OF	FICENS AIN	Change	Addition
TITLE	D	☐ DELET	<b>1</b> "		ļ			,	. Onlange	
NAME	MCDONALD, EDWIN D		1.2 N		1					
STREET ADORESS	STE 422, 1040 BAYVIEW DR		1.3 S	TREET	ADDRESS					1
CITY-ST-ZIP	FT LAUD FL			TY-ST	-ZIP	50			Hobassa	Addition
TITLE	DVP	☐ DELET	E 2.1 T	TLE		DP			Change	☐ Addition
NAME	WILL, ALBERT A. JR.		2.2 N	AME						
STREET ADDRESS	1661 SW 27TH AVE		2.3 S	TREET	ADDRESS		,		•	
CITY-ST-ZIP	FT LAUD FL			лү-\$	r-ZIP					
TITLE	PD	DELET	E 3.1 TI	TLE .		-			☐ Change	Addition
NAME	BAYUK, MARY	,	3.2 N	AMÉ						
STREET ADDRESS	2412 FRYER PT		3.3 S	TREET	ADDRESS				•	
CITY-ST-ZIP	FT LAUD FL		3.4. C	ITY-S	r-ZIP					
TITLE	D	☐ DELET	Έ 4.1 TI	TLE					Change	☐ Addition
NAME	ROWLEY, PETER		4. 2 N	IAME						
STREET ADDRESS	806 SW 2ND STREET		4.3 S	TREET	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL		4.4 C	ITY-ST	- ZIP					
TITLE	D	☐ DELET	E 5.1 T	TLE					Change	☐ Addition
NAME	LEDBETTER, DAVIE		5.2 N	AME						
STREET ADDRESS	2400 E OAKLAND PARK BLVD		5.3 S	TREET	ADDRESS					1
CITY-ST-ZIP	FT.LAUDERDALE FL		5.4 C	ITY-ST	-ZIP					
TITLE	DT	DELET	E 6.1 T	MLE					☐ Change	Addition
NAME	WOOD, STAN		6.2 N	AME						ĺ
STREET ADDRESS		,	6.3 S	TREET	ADDRESS					ĺ
CITY-ST-ZIP	ET LAUDERDALE EL	\		กษรา						
14. I hereby	certify that the information supplied wit	h this filing does pot qual	ify for the exe	mpti	on stated in	Section 119.07(	3)(i), Florida Statutes.	I further cer	tify that the in	formation

officer or director of the corporation or the receiver or tru Block 12 or Block 13 if changed, or on an entachment ed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

SIGNATURE:

CALIBERT A. WILL JR.