SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 10:04

DOCUMENT # **718090** **(4)**

1. Corporation Name
LA AMISTAD FOUNDATION, INC.

Principal Place of Business	Mailing Address
8433 LAAMISTAD COVE FERN PARK FL 32730	8433 LAAMISTAD COVE FERN PARK FL 32730

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1970
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-1300982 ☐ 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 **FILING FEE IS $61.25**
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 8400 LA Amistad Cove
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 FERN PARK, FL
Zip 24 / Country 25	Zip 29 32730 / Country 30 Seminole

9. Name and Address of Current Registered Agent

BURNS, RAYMOND A.
8433 LA AMISTAD COVE
FERN PARK FL 32730

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	STD	11 TITLE		☐ Change ☐ Addition
NAME	DAVIS, BRADLEY	12 NAME		
STREET ADDRESS	940 HIGHLAND AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	VICE CHAIRMAN	☒ Change ☐ Addition
NAME	BROOKS, CHARLES	22 NAME	ESTER Phelps	
STREET ADDRESS	801 N. MAGNOLIA AVE.	23 STREET ADDRESS	690 Osceola Ave # 604	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	PD	31 TITLE	CHAIRMAN/P	☒ Change ☐ Addition
NAME	WOODRUFF, BRUCE	32 NAME		
STREET ADDRESS	3101 MAGUIRE BLVD., #256	33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP		
TITLE	ED	41 TITLE	PRESIDENT/D	☒ Change ☐ Addition
NAME	BURNS, RAYMOND A	42 NAME		
STREET ADDRESS	8433 LA AMISTAD COVE	43 STREET ADDRESS		
CITY-ST-ZIP	FERN PARK FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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: Raymond A. Burns R.A. Burns 6-7-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(407) 332-1711
Daytime Phone #

0004164