

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 # 718090 (4)

1. Corporation Name

LA AMISTAD FOUNDATION, INC.



Principal Place of Business

Mailing Address

**8433 LAAMISTAD COVE
FERN PARK FL 32730**

**8400 LA AMISTAD COVE
FERN PARK FL 32730
US**

3. Date Incorporated or Qualified

02/18/1970

3a. Date of Last Report

06/21/1995

2. Principal Place of Business

2a. Mailing Address

21 8400 La Amistad Cove

26 8400 La Amistad Cove

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Fern Park, FL

City & State

28 Fern Park, FL

Zip

24 32730

Country

25 U.S.

Zip

29 32730

Country

30 U.S.

4. FEI Number

59-1300982

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing



**\$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

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/6/96

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **STD** ☐ DELETE
NAME **DAVIS, BRADLEY**
STREET ADDRESS **940 HIGHLAND AVENUE**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VC** ☐ DELETE
NAME **PHELPS, ESTER**
STREET ADDRESS **690 OSCEOLA AVE STE 604**
CITY-ST-ZIP **WINTER PARK FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **CD** ☐ DELETE
NAME **WOODRUFF, BRUCE**
STREET ADDRESS **3101 MAGUIRE BLVD., #256**
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **BURNS, RAYMOND A**
STREET ADDRESS **8433 LA AMISTAD COVE**
CITY-ST-ZIP **FERN PARK FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

Date

(407) 331-7226

Daytime Phone #

CR2E037 (12/95)