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Mar 24, 1999 8:00 am
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03-24-1999 90082 048 ****70.00

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718090

1. Corporation Name

LA AMISTAD FOUNDATION, INC.

Principal Place of Business

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

Mailing Address

P.O. BOX 300982

FERN PARK FL 32730

**8400 LaAmistad Cove
Fern Park, FL
32730**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 8400 LaAmistad Cove		26 8400 LaAmistad Cove		02/18/1970	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
				59-1300982	
23 City & State		28 City & State		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23 Fern Park FL		28 Fern Park FL		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Zip		29 Zip		30 Country	
24 32730		29 32730		30 USA	

9. Name and Address of Current Registered Agent

**DAVIS, BRADLEY
390 N. ORANGE AVENUE
SUITE 800
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name **Helen Booth**
82 Street Address (P.O. Box Number is Not Acceptable) **2212 Azalea Place**
83
84 City **Winter Park** FL 85 Zip Code **32789**

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 Helen Booth Helen Booth President 3/23/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CST ☐ DELETE	1.1 TITLE C ☒ Change ☐ Addition	
NAME	DAVIS, BRADLEY	1.2 NAME Davis, Bradley	
STREET ADDRESS	390 N. ORANGE AVENUE, SUITE 800	1.3 STREET ADDRESS 200 S. Orange Avenue, Suite 1220	
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP Orlando, FL 32801	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NIES, PERRY	2.2 NAME	
STREET ADDRESS	30 MAITLAND GROVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32851	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WOODRUFF, BRUCE	3.2 NAME	
STREET ADDRESS	3101 MAGUIRE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RIMMER, LINDA	4.2 NAME	
STREET ADDRESS	6400 S. ORANGE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	4.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BOOTH, HELEN	5.2 NAME	
STREET ADDRESS	AZALEA AVENUE 2212 AZALEA PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Helen Booth 3/23/99 (407) 331-7226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #