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FILED

Jan 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718936 (8)

1. Corporation Name

THE CHRISTINE FOUNDATION AND MISSION INC.

Principal Place of Business

Mailing Address

2200 BAY DRIVE, SUITE #3
MIAMI BEACH FL 33141555 NE 15TH STREET
#20H
MIAMI FL 33132-1403
US

3. Date Incorporated or Qualified

07/30/1970

3a. Date of Last Report

02/07/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1794237

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

GRAY, ERNESTINE
555 NE 15TH STREET
#20H
MIAMI FL 33132

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETENAME GRAY, RICHARD H.
STREET ADDRESS 2200 BAY DR.APT.3
CITY-ST-ZIP MIAMI BEACH FL1.1 TITLE ☐ Change ☐ Addition

NAME GRAY, RICHARD H.

STREET ADDRESS 2200 BAY DR.APT.3

CITY-ST-ZIP MIAMI BEACH FL

1.2 NAME

TITLE SD ☐ DELETENAME GRAY, ERNESTINE
STREET ADDRESS 555 NE 15TH ST
CITY-ST-ZIP MIAMI FL

1.3 STREET ADDRESS

NAME GRAY, ERNESTINE

STREET ADDRESS 555 NE 15TH ST

CITY-ST-ZIP MIAMI FL

1.4 CITY-ST-ZIP

TITLE VD ☐ DELETENAME GALE, HOWARD
STREET ADDRESS 525 MERIDIAN AVE.
CITY-ST-ZIP MIAMI BEACH FL2.1 TITLE ☐ Change ☐ Addition

NAME GALE, HOWARD

STREET ADDRESS 525 MERIDIAN AVE.

CITY-ST-ZIP MIAMI BEACH FL

2.2 NAME

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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.

SIGNATURE:

Ernestine Gray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97

Date

305/522-0456

Daytime Phone # 0028914

CR2E037 (9/96)