FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

724958

(4)

FRED SHAW FOUNDATION, INC.

				,						
Principal Place	of Business	Mailing Address				{	AR BIRTINE	. BITIL BILLI DI	IDAN DIBIN 1801	
C/O CHAMBER SMITH 6410 SW 80TH STREET		C/O CHAMBER SMITH 6410 SW BOTH STREET MIAMI FL 33143-4802 US								
MIAMI FL 33143 US					3. Date Incorporated or Qualified 12/07/1972 3a. Date of Last Report 04/25/1996					
2. Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number 23-7350267			oplied For ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip	Country	Zip	Countr	У		8. This corporation has liability for i			. 199.032,	
24	25 29 30			Florida Statutes Yes No						
	9. Name and Address of Current	t Hegistered Agent	81	l Name		10. Name and Address of New Re)istered A	gent		
			"	Name	8					
MASSON, DONNA G 6410 SW 80TH STREET			82	Street	t Addre	ss (P.O. Box Number is Not Acceptab	le)			
MIAMI FL			8:	3						
			84				FL	1 .	Code	
11. Pursuant t	o the previsions of Sections 617.0502	2 and 617.1508, Florida Statutes	, the above	ve-name	d corpo	ration submits this statement for the p n's board of directors. I hereby accep	urpose of	changing it	is registered	
agent. I ar	n farifiliar with, and accept the obliga	itions of, Section 617.0503, Flori	da Statute	9 S .	n por ano	in a board of directors. Thereby accep		mmmont do	rogistorou	
SIGNATURE/	TOMPY Re					1-21-	97			
12.	Signature, typed or printed name of registered agei OFFICERS AND		Registered A	gent signatu	re required	t when reinstating) ADDITIONS/CHANGES TO OFFIC	PARE AND	DIRECTOR	2S IN 12	
TITLE	D OFFICERS AND	DELETE	1.1 TITLE	 	1	ADDITIONS/OFFANGES TO GITTE		Change	Addition	
NAME	GENTILE, DR. JOHN		1.2 NAME	:	Ì					
STREET ADDRESS	8056 SW 81 DR			Et address						
CITY-ST-ZIP	MIAMI FL		1.4 CITY-							
TITLE	D	DELETE	2.1 TITLE					Change	☐ Addition	
NAME	COLWELL, BERTHA		2.2 NAME	:						
STREET ADDRESS	20701 S ALLAPATAH DR		2.3 STREE	ET ADDRESS	s					
CITY-ST-ZIP	MIAMI FL		2. 4 CITY	-ST-ZIP						
TITLE	PD	DELETE 3.1		3.1 TITLE				Change	Addition	
NAME	MASSON, DONNA G		3.2 NAME							
STREET ADDRESS	7523 SW 95TH PLACE		3.3 STRE	ET ADDRESS	3					
CITY+ST-Z⊮P	MIAMI FL 33173		3.4. CITY	-ST-ZIP				<u></u>		
TITLE	D	DELETE	4.1 TITLE				l	L. Change	Addition	
NAME	GILLMAN, JEFFREY		4. 2 NAM							
STREET ADDRESS	7800 RED RD		4.3 STRE	ET ADDRESS	s					
CITY-ST-ZIP	MIAMI FL	T Losiste	4.4 CITY	 				Observe	1 Addition	
TITLE	D	DELETE	5.1 TITLE					Change	Addition	
NAME	MARX, DONALD W.		5.2 NAME							
STREET ADDRESS	9008 SW 152 ST			ET ADDRESS	S					
CITY-ST-ZIP	MIAMI FL	DELETE	5.4 CITY - 6.1 TITLE					Change	Addition	
TITLE	D MELLED DAMELA		6.2 NAM				•	or torrige	/10010001	
NAME	WELLER, PAMELA				,					
STREET ADDRESS	20505 S DIXIE HWY MIAMI FL			ET ADDRESS	۱ ا					
14. I do hereb	a partiful that the information augustion	d with this filing does not qualify	for the ex	omntion	stated	in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the	
informatio I am an of appears i	n indicated on this annual report or s fficer or director of the corporation or n Block 12 or Block 13 if changed, o	upplemental annual report is tru the receiver or trustee empowe on an altachment with an addr	e and accred to exe ess.	curate ar ocute this	nd that i s report	my signature shall have the same legs as required by Chapter 617, Florida S	al effect as Statutes; an	if made un id that my	ider oath; that name	