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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726782** (6)

1. Corporation Name

THE AYMARA FOUNDATION, INC.

Principal Place of Business

DEPARTMENT OF SOCIOLOGY
TEXAS CHRISTIAN UNIVERSITY
FORT WORTH TX 76109

Mailing Address

P.O. BOX 101703
FT. WORTH TX 76185-1703
US3. Date Incorporated or Qualified
06/25/19733a. Date of Last Report
05/01/1996

4. FEI Number

23-7366815

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 **TCU Box 298710**

Suite, Apt. #, etc.

22 **Department of Sociology**

City & State

23 **Fort Worth, TX**

Zip

24 **76129**

Country

25 **U.S.A.**

2a. Mailing Address

26 **TCU Box 298710**

Suite, Apt. #, etc.

27 **Department of Sociology**

City & State

28 **Fort Worth, TX**

Zip

29 **76129**

Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

DUGGAN, J ROBERT
1029 W MAGNOLIA ST
LEESBURG FL 34748

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETEVD
NAME COLLINS, JANE
STREET ADDRESS 1714 HELENA ST
CITY - ST - ZIP MADISON WI 53704TITLE ☐ DELETEPD
NAME ABERCROMBIE, THOMAS
STREET ADDRESS 5757 SW 58TH TERRACE
CITY - ST - ZIP MIAMI FL 33141TITLE ☐ DELETETD
NAME MIRACLE, ANDREW
STREET ADDRESS 151 GONZALES #38
CITY - ST - ZIP SANTA FE NM 87501TITLE ☐ DELETESD
NAME LEAVITT, ROBERT M.
STREET ADDRESS 219 CHARLOTTE STREET
CITY - ST - ZIP FREDERICTON, NB, CANADA E3B1L-5TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

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: *Andrew W. Miracle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1997 (811) 921-7470

Date

Daytime Phone # 0076306

CR2E037 (9/96)