FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

726782

(6)

THE AYMARA FOUNDATION, INC.

FILED May 13 1997 8:00am Secretary of State

|--|--|

City & State 3 Furth Country 4 7	Principal Place	ce of Business Mailing Address		}				
FORT WORTH TX 76109 US S. Date Incorporated of Qualified Sa. Date of Last Report CR/01/1993 Sa. Date of Last Report CR/01/1993 Sa. Date of Last Report CR/01/1993 Sale Sa				703				
TCU B C/X 3987/O 28			U\$					
Supplement of Securing S					34P			
Second Status Second Sec		#, etc.	Suite, Apt. #, etc.	1 0-	170		► \$8.7	
Trust Fund Contribution			1 27			5. Certificate of Status Desired		
9. Name and Address of Current Registered Agent DUGGAN, J ROBERT 1029 W MAGNOLIA ST LEESBURG FL 34748 11. Present to the previous of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lise register office or registered agent, or both in the State of Piorida. Such change was sufficiented by the corporation's board of directors. I threetly accept the epipeline office or registered agent, or both in the State of Piorida. Statutes agent, and the supplement of the purpose of changing lise register office or registered agent, or both in the State of Piorida. Statutes agent, and the supplement agent agen			 					
DUGGAN, J ROBERT 1029 W MAGNOLIA ST LEESBURG FL 34748 11. Pursuant to the provisions of Sections 617 0002 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. It am femaliar with and accept the obligations of, Section 617 0003, Florida Statutes, the above-named corporation submits this atteinment for the purpose of changing its register agent. It am femaliar with, and accept the obligations of, Section 617 0003, Florida Statutes, the above-named corporation's board of directors. I hereby accept the exponitment as registered agent. It am femaliar with, and accept the obligations of, Section 617 0003, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. IT III. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. STREET ADDRESS 17. 14 HELENA ST 14. SUPPLIES STREET ADDRESS 17. 15. 2P 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. Change Additional Street Address 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. Change Additional Street Address 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AN	*		-	⊢ ¬	ntry			r s. 199.032,
DUGGAN, J ROBERT 1029 W MAGNOLIA ST LEESBURG FL 34748 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 register 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, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and appointment as registered agent, and appointment as appointment as appointment as appointment as registered agent. 12.	4 /61			30				
DUGGAN, J ROBERT 1029 W MAGNOLIA ST LEESBURG FL 34748 Saland City FL 85 Zip Code		9. Name and Address of Curren	r negistered Agent		R1 Name	10. Name and Address of New Neg	Sisteran Wilanii	
10.22 W MAGNOLIA ST LEESBURG FL 34748 83 144 City FL 85 Zip Code 175. Pursuant to the provisions of Sections 617.0592 and 617.1508, Florida Statutes, the above-trained corporation submits this statement for the purpose of changing lie register of registered again, or both, in the State of Forida, Such or large was submitted by the corporation's board of directors. I thereby accept the appointment as registered again, and with, and accept the obligations of, Section 617.0503, Florida Statutes, and corporation's board of directors. I thereby accept the purpose of changing lie registered again, and with a registered Again and set of appointment as registered Again and Again appointment as registered Again appointment as registered Again appointment as registered Again and Again appointment as registered Again and Again appoi	8			['	INALINO			
LEESBURG FL 34748 43				[7	82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
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 register of lice 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 to am animal artifler with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Supriture, lyned or private nerve of registered agent				ļ	83		***************************************	
11. Fursiant to the provisions of Sections 617 0502 and 617,1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its register office or registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the objoint of directors. I hereby accept the appointment as registered agent and site of provide submits with, and accept the obligations of, Section 617,0503, Florida Statutes, the objointment as registered agent and site of appointment are registered agent and site of appointment appointment are registered agent and site of appointment appointment appointment are registered agent and site of appointment appointment appoin				- -	84 City		85 Z	ip Code
SIGNATURE Signature, hybrid or provided name of registered agent and lift of approache (NOTE Registered Agent algoritative required when rehabiliting) DATE	44 D	La Maria de Caracteria de Cara	0 and 047 4500 Florida Orak	400 150 -5		and the state of t		a la rapiatora
Signature, lyoned or private made of appointed agent and their is appointed by the professional point and their intervals. It is a point and their intervals and their intervals. It is a point and their intervals and their inter	office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 617.0503, F	authorized Florida Statu	by the corporates.	ation's board of directors. I hereby accep	t the appointment	as registered
DELETE	SIGNATURE .	Signature, typed or printed name of registered age	int and title if applicable. (NC	OTE: Registered	Agent signature requ	ulted when reinstating)	DATE	
NAME STREET ADDRESS T714 HELENA ST MADISON WI 53704 14 DELETE 13 STREET ADDRESS TOTY-ST-ZIP TITLE PD D DELETE 21 TITLE ABERCROMBIE, THOMAS SIRRET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE TD D DELETE 31 TITLE TD D DELETE 31 TITLE TO D DELETE 31 STREET ADDRESS CITY-ST-ZIP TITLE TO D DELETE 31 STREET ADDRESS CITY-ST-ZIP TITLE SD D DELETE 41 TITLE SD DELETE 41 TITLE ASTREET ADDRESS CITY-ST-ZIP TITLE SD DELETE 41 TITLE SD DELETE 41 TITLE SD DELETE 41 TITLE SD CHARDOTTE STREET ASTREET ADDRESS CITY-ST-ZIP TITLE SD CHARDOTTE STREET CHARDOTTE STREET ASTREET ADDRESS CITY-ST-ZIP TITLE SD CHARDOTTE STREET CHARDOTTE STREET CHARDOTTE STREET ADDRESS CITY-ST-ZIP TITLE SD CHARDOTTE STREET ADDRESS CITY-ST-ZIP TITLE SD CHARDOTTE STREET ADDRESS CITY-ST-ZIP TITLE SD CHARDOTTE STREET ADDRESS CITY-ST-ZIP DELETE SSTREET ADDRESS STREET ADDRESS	12.	OFFICERS ANI	O DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
1714 HELENA ST	TITLE	VD	DELETE	1.1 TIT	LE		Chang	e Addition
ADDISON WI 53704	NAME	COLLINS, JANE		1.2 NA	ME			
DELETE D	STREET ADDRESS	1714 HELENA ST		1.3 STF	REET ADDRESS			
NAME ABERCROMBIE, THOMAS SIREET ADDRESS 5757 SW 58TH TERRACE CITY-ST-ZIP MIAMI FL 33141 101.6 TD DELETE 3.1 TITLE 3.2 NAME MIRACLE, ANDREW 151 GONZALES #38 SANTA FE NM 87501 3.4 CITY-ST-ZIP TILLE SD DELETE 4.1 TITLE STREET ADDRESS CITY-ST-ZIP TILLE NAME LEAVITT, ROBERT M. 219 CHARLOTTE STREET 4.3 STREET ADDRESS CITY-ST-ZIP TILLE STREET ADDRESS	CITY-ST-ZIP	MADISON WI 53704		1.4 CIT	Y-ST-ZIP			
STREET ADDRESS S757 SW 58TH TERRACE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TITLE	PO	DELETE	2.1 TIT	LE		Chang	e 🔲 Addition
MIAM FL 33141	NAME	ABERCROMBIE, THOMAS		2.2 NA	ME			
TITLE	STREET ADDRESS			2.3 STF	REET ADDRESS	÷.		
TITLE	CITY-ST-ZIP	MIAMI FL 33141		2. 4 CIT	TY-ST-ZIP			
STREET ADDRESS SANTA FE NM 87501 TITLE SD LEAVITT, ROBERT M. STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE LEAVITT, ROBERT M. STREET ADDRESS CITY-ST-ZIP TITLE DELETE A.4 CITY-ST-ZIP TITLE A.4 CITY-ST-ZIP Change Addit A.5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addit 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE Change Addit Change Addit STREET ADDRESS	TITLE		DELETE	3.1 TITI	LE		Chang	e Additio
STREET ADDRESS SANTA FE NM 87501 TITLE SD LEAVITT, ROBERT M. STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE LEAVITT, ROBERT M. STREET ADDRESS CITY-ST-ZIP TITLE DELETE A.4 CITY-ST-ZIP TITLE A.4 CITY-ST-ZIP Change Addit A.5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addit 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE Change Addit Change Addit STREET ADDRESS	NAME	MIRACLE, ANDREW		3.2 NA	ME .			
TITLE SD	STREET ADDRESS			3.3 ST	REET ADDRESS			
TITLE SD	CITY - ST - ZIP	SANTA FE NM 87501		3.4. CII	TY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP FREDERICTON, NB, CANADA E3B1L-5 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change Addit STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE	SD	☐ DELETE	4.1 TIT	LE		Chang	ge Addition
CITY-ST-ZIP FREDERICTON, NB, CANADA E3B1L-5 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE NAME 6.1 TITLE NAME 6.2 NAME STREET ADDRESS	NAME			4. 2 NA	IME :			
TITLE DELETE 5.1 TITLE Change Addit NAME 5.2 NAME	STREET ADDRESS			4,3 STF	REET ADDRESS			
TITLE DELETE 5.1 TITLE Change Addit NAME 5.2 NAME	CITY-ST-ZIP	FREDERICTON, NB, CANADA		4.4 CIT	Y-ST-ZIP			
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Address NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS	TITLE			5.1 TIT	LE		Chang	pe 🔲 Addition
CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addit NAME 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS	NAME			5.2 NA	ME			
TITLE DELETE 6.1 TITLE Change Addit NAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS	STREET ADDRESS			5.3 STF	REET ADDRESS			
NAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS	CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP			
STREET ADDRESS 63 STREET ADDRESS	TITLE	-	DELETE	6.1 TIT	LE		Chan	ge 🔲 Addition
	NAME			6.2 NA	ME			
CITY - \$1 - 71P 6.4 CITY - \$1 - 71P .	STREET ADDRESS			6.3 ST	REET ADDRESS	·		
	CITY-\$1-ZIP	L		6.4 CIT	Y-ST-ZIP			

4. 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:

SIGNATURE AND TYPED OR PRINTED HAME OF BIGNING OFFICER OR DIRECTOR

Onil 25, 1997 (81) 921-7470
Daylore Phone # 0076309