FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 FEB 16 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

1. Corporation Name: THEODORE NEWMAN MEMORIAL FOUNDATION, INC.

DOCUMENT # 732598 (8)

Mailing Address: ~~565 NW 210 ST. TOWN HOUSE #102 MIAMI FL 33169~~ 7542 GRANDVILLE DR. TAMARAC, FL 33321

Principal Place of Business: ~~565 NW 210 ST. TOWN HOUSE #102 MIAMI FL 33169~~ 7542 GRANDVILLE DR. TAMARAC, FL 33321

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address: 21 7542 GRANDVILLE DR.
Suite, Apt. #, etc. 22
City & State 23 TAMARAC, FL
Zip 24 33321 Country 25

2a. Principal Place of Business: 26 7542 GRANDVILLE DRIVE
Suite, Apt. #, etc. 27
City & State 28 TAMARAC, FL
Zip 29 33321 Country 30

3. Date Incorporated or Qualified: **04/29/1975**

3a. Date of Last Report: **05/01/1993**

4. FEI Number: **51-0141744** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required ☐

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

NELSON, THEODORE R., ESQ.
1135 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

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 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/T	1.1 TITLE	
1.2 NAME	STEARN, MARGARET NEWMAN	1.2 NAME	
1.3 STREET ADDRESS	565 NW 210TH ST. 7542 GRANDVILLE DRIVE	1.3 STREET ADDRESS	
1.4 CITY ST ZIP	MIAMI FL TAMARAC, FL. 33321	1.4 CITY ST ZIP	
2.1 TITLE	D	2.1 TITLE	
2.2 NAME	STEARN, MARGARET NEWMAN	2.2 NAME	
2.3 STREET ADDRESS	~~565 NW 210TH ST.~~ 7542 GRANDVILLE DRIVE	2.3 STREET ADDRESS	
2.4 CITY ST ZIP	~~MIAMI FL~~ TAMARAC, FL. 33321	2.4 CITY ST ZIP	
3.1 TITLE	D	3.1 TITLE	
3.2 NAME	CARR, LOUIS	3.2 NAME	
3.3 STREET ADDRESS	7826 ROLLING BROOK	3.3 STREET ADDRESS	
3.4 CITY ST ZIP	HOUSTON TX	3.4 CITY ST ZIP	
4.1 TITLE	D	4.1 TITLE	
4.2 NAME	CARR, BLANCHE	4.2 NAME	
4.3 STREET ADDRESS	7826 ROLLING BROOK	4.3 STREET ADDRESS	
4.4 CITY ST ZIP	HOUSTON TX	4.4 CITY ST ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY ST ZIP		5.4 CITY ST ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have filed all statements concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or 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: Margaret Newman Stearn — Feb 9 - 1995 — (305) 726-1293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #