FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 14 AM 11:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **733822** **(1)**

1. Corporation Name
LUPUS FOUNDATION OF FLORIDA, INC. L.F.A.

Principal Place of Business	Mailing Address
4406 URBAN COURT ORLANDO FL 32810	4406 URBAN COURT ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1975
3a. Date of Last Report: 05/01/1994
4. FEI Number: 51-0188345 ☐ 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 with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

MARVIN, DORIS
4406 URBAN COURT
ORLANDO FL 32810

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, 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, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P D MARVIN	1.1 TITLE		☐ Change ☐ Addition
NAME	MARVIN, DORIS	1.2 NAME		
STREET ADDRESS	4406 URBAN CT	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE	VP D	☒ Change ☐ Addition
NAME	EHMKE, MARJORIE	2.2 NAME	WORLEY, CHRIS	
STREET ADDRESS	5505 HERNANDES DR APT 138	2.3 STREET ADDRESS	109 SUFFOLK COURT	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32779	
TITLE	T	3.1 TITLE	** D	☒ Change ☐ Addition
NAME	PETROWSKY, LORETTA	3.2 NAME	EZELL, SHIRLEY	
STREET ADDRESS	2389 OAKLEAF LANE	3.3 STREET ADDRESS	1653 AARON AVENUE	
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	ANDREWS, BETTE	4.2 NAME		
STREET ADDRESS	2815 BUSKBOARD WAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	C	5.1 TITLE	C	☒ Change ☐ Addition
NAME	OAKS, KAY DOBBS	5.2 NAME	WASHUTA, HELEN	
STREET ADDRESS	1011 INDIAN	5.3 STREET ADDRESS	72 FARRAGUT DRIVE	
CITY-ST-ZIP	HOLLY HILL FL	5.4 CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
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 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: Shirley A. Ezell May 15, 1995 (407) 826-6334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034100