

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **733822** (1)

1. Corporation Name

**LUPUS FOUNDATION OF FLORIDA, INC. L.F.A.**

Principal Place of Business

**4406 URBAN COURT  
ORLANDO FL 32810**

Mailing Address

**4406 URBAN COURT  
ORLANDO FL 32810**



3. Date Incorporated or Qualified  
**09/16/1975**

3a. Date of Last Report  
**07/14/1995**

2. Principal Place of Business

**21 1653 Aaron Av.**  
**1653** Apt. #, etc.

2a. Mailing Address

**26 1653 Aaron Av.**  
Suite, Apt. #, etc.

4. FEI Number  
**51-0188345**

Applied For  
Not Applicable

22 City & State

**23 Orlando, FL**

27 City & State

**28 Orlando, FL**

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

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

24 Zip **32811** Country

29 Zip **32811** Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARVIN, DORIS  
4406 URBAN COURT  
ORLANDO FL 32810**

**81 Name Shirley A. Ezell**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**1653 Aaron Av**

**83 Orlando, FL 32811**

**84 City**

**Orlando**

**FL**

**85 Zip Code 32811**

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

*Shirley A. Ezell*

**Shirley A. Ezell**

**4/26/96**

**4/26/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **MADRIN, DORIS**  
STREET ADDRESS **4406 URBAN CT**  
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **D President**  
1.3 STREET ADDRESS **Doris Marvin**  
1.4 CITY-ST-ZIP **in spelling**

TITLE **D** ☒ DELETE  
NAME **WORLEY, CHRIS**  
STREET ADDRESS **109 SUFFOLK CT**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **D Helen Washuta**  
2.3 STREET ADDRESS **120 LIMWOOD PLACE =**  
2.4 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **D** ☐ DELETE  
NAME **EZELL, SHIRLEY**  
STREET ADDRESS **1653 AARON AVE**  
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME **D EZELL, SHIRLEY**  
3.3 STREET ADDRESS **1653 AARON AVE**  
3.4 CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE **S** ☒ DELETE  
NAME **ANDREWS, BETTE**  
STREET ADDRESS **2815 BUSKBOARD WAY**  
CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **S**  
4.3 STREET ADDRESS **Lesa Taylor**  
4.4 CITY-ST-ZIP **958 Islander Av  
Orlando, FL 32825**

TITLE **C** ☒ DELETE  
NAME **WASHUTA, HELEN**  
STREET ADDRESS **72 FARRAGUT DR**  
CITY-ST-ZIP **PALM COAST FL**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **000001863093**  
5.3 STREET ADDRESS **-06/17/96--01019--085**  
5.4 CITY-ST-ZIP **\*\*\*\$1.25**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Shirley A. Ezell**

**4/26/96**

Date (4/26/96) 836-6334 Daytime Phone

CR2E037 (12/95)