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Jan 30 1997 8:00am

Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

1653 AARON AVE.  
ORLANDO FL 32811

1653 AARON AVE.  
ORLANDO FL 32811-4115

3. Date Incorporated or Qualified  
09/16/1975

3a. Date of Last Report  
06/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EZELL, SHIRELY A.  
1653 AARON AVE.  
ORLANDO FL 32811

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME MARVIN, DORIS  
STREET ADDRESS 4406 URBAN CT  
CITY-ST-ZIP ORLANDO FL ☒ DELETE

1.1 TITLE DP  
1.2 NAME Charlene Dancelin  
1.3 STREET ADDRESS 6312 Lake Lerla Dr  
1.4 CITY-ST-ZIP Apopka, FL 32712 ☒ Change ☐ Addition

TITLE D  
NAME WASHUTA, HELEN  
STREET ADDRESS 120 LIMWOOD PLACE  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ DELETE

2.1 TITLE VD  
2.2 NAME Gertrude Herbert  
2.3 STREET ADDRESS 1250 Alberta St  
2.4 CITY-ST-ZIP Longwood, FL 32750 ☐ Change ☒ Addition

TITLE D  
NAME EZELL, SHIRLEY  
STREET ADDRESS 1653 AARON AVE  
CITY-ST-ZIP ORLANDO FL 32811 ☐ DELETE

3.1 TITLE S  
3.2 NAME Suzanne Nasser  
3.3 STREET ADDRESS 6623 Fairway Cove Dr  
3.4 CITY-ST-ZIP Orlando, FL 32835 ☒ Change ☐ Addition

TITLE S  
NAME TAYLOR, LESA  
STREET ADDRESS 958 ISLANDER AVE.  
CITY-ST-ZIP ORLANDO FL 32825 ☒ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Shirley Ezell*

1-21-97

CR2E037 (9/96)