FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 739944

(7)

LUPUS FOUNDATION OF AMERICA SOUTHEAST FLORIDA CH APTER, INC.

District Description of the second se						li						
Principal Place	e of Business	Mailing Address										
6501 N FEDE	RAL HWY.	6501 N. FEDERAL HWY.										
STE. 5 BOCA RATO	N FI 33487	STE. 5 Boga raton fl 33487										
US		US				Incorporated <b>)8/18/197</b>	or Qualified		ate of Last <b>05/01/1</b> 9			
	ace of Business	2a. Mailing Address		·		4. FEI N					Applied For	
21		26				2	9-175260	<u> </u>		١	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifi	icate of Stati	ıs Desired			Additional		
City & State	^	City & State				··· · · · ·				Required		
23	e e e e e e e e e e e e e e e e e e e	28				6. Election Campaign Financing Trust Fund Contribution  S5.00 May Be Added to Fees						
Zip	Country Zip			Country							d to Fees	
24	25	29	30	,			corporation r la Statutes	as liability for int	angible ta Yes		199.032,	
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent							
				81	Name			•				
BENSON	I, HAROLD A. JR.		-	82	Ct t A	-l-l (D O De	Ni sashasi la	Nat 6 anatable				
	). FEDERAL HWY #5	· ·			Street Ad	et Address (P.O. Box Number is Not Acceptable)						
BOCA R	ATON FL 33487		83									
			-		-	<del></del>				<del></del>		
				84	City				FL	<b>85</b> Zip	Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute:	s, the abov	ve-n	amed corp	oration submits	this statem	ent for the purpo	ann of ohe	anging its re	egistered office	
or registei familiar wi	red agent, or both, in the State of Florid th, and accept the obligations of, Section	a. Such change was authorize on 617.0503, Florida Statutes.	d by the o	orpo	oration's b	oard of directors	s. I hereby a	cept the appoir	ntment as	registered	agent. I am	
SIGNATURE												
	Signature, typed or printed name of registered agent a	and title if applicable (NOT	E: Registered a	Agent	signature requ	ired when reinstating	1		DATE			
12.	OFFICERS AND		13.				TIONS/CHAN	IGES TO OFFIC			RS IN 12	
TITLE	PD DELETE			11 TITLE		PD	~ 4		[	Change	Addition	
NAME	BROWN, JACQUELYN 400 S. OCEAN BLVD.		1.2 NA	1.2 NAME <b>2</b>		BRIGHT,	J. KE	8 <b>√</b> 5				
STREET ADDRESS	DELRAY BCH. FL		1.3 ST	1.3 STREET ADDRESS 77		700 50	asage	DR. FL 334	n.			
CITY-ST-ZIF				1.4 CrTY-ST-ZIP		DORM	BiH	M 334	83	<del></del>		
TIFLE				2 1 TITLE		,			L	Change	Addition	
NAME	GAZIE, LINDA 2611 SW 15TH CT.			2 2 NAME								
STREET ADDRESS	FT. LAUDERDALE FL 33312			2 3 STREET ADDRESS								
CITY-ST-ZIF	SD DELETE		2 4 01		T-ZIP							
TITLE	HUISMAN, JACKIE			31 TITLE 32 NAME		50	0 4 4	m i an	l	☐ Change	Addition	
NAME OTDGET ADODGGG	8615 NW 8 ST., #409					Notice /	KANDY	- ANE				
STREET ADDRESS	MIAMI FL			3.3 STREET ADORE		NOLLE !! 9771 DA MIRAMAR	TFOULL	سر د دد				
CITY - ST - ZIP TITLE	TD DELETE			3.4 CITY-ST-ZIP 4.1 TITLE		1910-TINGO	< PL	22023	ī	T Change	- Addition	
NAME	Weiss, Robert								L	Change	☐ Addition	
STREET ADDRESS	3386 CHRUCH HILL RD.		4, 2 NA		I DODGES							
	BOYNTON BEACH FL 33435				ADDRESS							
CITY-ST-ZIP TITLE	VD	<b>∏</b> √ÉLETE	4.4 CIT			/ D			· ·	Change	Addition	
NAME	SULLIVAN, BETTY	C. Bocco, c	5.1 TITLE 5.2 NAME			a si de	ANNE		ι	— опанде	Tal Montion	
STREET ADDRESS	3472 MAYAGUANA LANE	TO STAVA OUTANIA I AND			ADDRESS 4	BRAGHT ANNE 900 EAST ATLANTE AVE DELRAY BUT PL 33+83						
CITY-ST-ZIP	LANTANA FL 33462		54 Gi		ADDUCOS .	No RA	0.4	ב גג	L8A			
TITLE	VD	POELETE	6 1 THT		- 215	DEMAN	77581	16 797	<del>ارد</del>	Change	Addition	
NAME	KATZMAN, SANDI		6.2 NAI			•				0.m/gc		
STREET ADDRESS	10292 SO. ANDOVER COACH	LANE			ADDRESS							
CITY-ST-ZIP	LAKE WORTH FL 33462	/ <b>_</b>	64 CIT									
	ov certify that the information supplied w	ith this filing is valuatarily furnic				for the exemp	han stated in	Costine 110.07	7/21/14 Fin	rido Ctal d	an I fuethar	

The newby defining that the information supplied with this filing is voluntarily turnished 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:

Report J. Whise Thesure Segurity and Types and Types of Printed NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 407-241-5424
Date Day true Priorie #

CR2E037 (12/9