

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 # 740444 (5)

1. Corporation Name

MANFRED MEMORIAL FOUNDATION, INC.



Principal Place of Business

17300 S.W. 177 AVENUE
MIAMI FL 33187

Mailing Address

17300 S.W. 177 AVENUE
MIAMI FL 33187
18530 CARIBBEAN BLV
MIAMI, FL 33157

2. Principal Place of Business

2a. Mailing Address

21 18530 CARIBBEAN BLV

26 18530 CARIBBEAN BLV

3. Date Incorporated or Qualified
10/14/1977

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2089153

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

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

City & State

City & State

23 MIAMI, FL

28 MIAMI FL

Zip 33157

Country USA

Zip 33157

Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, PAMELA L
17300 S.W. 177 AVENUE
MIAMI FL 33187

81 Name PRISCILLA STEVENS

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

83 18530 CARIBBEAN BLV

84 City MIAMI FL 85 Zip Code 33157

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

Priscilla Stevens

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME COOK, POLLY L
STREET ADDRESS 9000 S.W. 62 CT.
CITY - ST - ZIP MIAMI FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME GILBERT, DAVIDS
1.3 STREET ADDRESS 610 NW 183 ST #2
1.4 CITY - ST - ZIP MIAMI, FL

TITLE VD ☐ DELETE
NAME KELSEY, GEORGE W. JR.
STREET ADDRESS 14641 S.W. 66 AVE.
CITY - ST - ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE SD ☐ DELETE
NAME GOMPERS, GAYE DR.
STREET ADDRESS 11309 SW 167 TERRACE
CITY - ST - ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE TD ☐ DELETE
NAME STEVENS, PRISCILLA
STREET ADDRESS 18530 CARIBBEAN BLVD.
CITY - ST - ZIP MIAMI FL

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

TITLE D ☐ DELETE
NAME KORNER, ROBERT D
STREET ADDRESS 3211 PONCE DE LEON
CITY - ST - ZIP CORAL GABLES FL

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

TITLE D ☒ DELETE
NAME GILBERT, DAVID S
STREET ADDRESS 610 N.W. 183 ST. #2
CITY - ST - ZIP MIAMI FL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME COOK, POLLY L
6.3 STREET ADDRESS 9000 SW 62 CT
6.4 CITY - ST - ZIP MIAMI, FL

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:

Priscilla Stevens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-30

305-238-6230
Date Daytime Phone #

CR2E037 (12/95)