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

APPROVED AND FILED

95 MAR -2 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753225 (2)

1. Corporation Name

ALLRACE FOUNDATION FOR NEEDY CHILDREN, INC.

Principal Place of Business	Mailing Address
2655 LEJEUNE ROAD-STE 1101 CORAL GABLES FL 33134	2655 LEJEUNE ROAD-STE 1101 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1980
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2036792 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
Zip 24 / Country 25 DADE	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SACHER, CHARLES P
2655 LEJEUNE ROAD STE 1101
CORAL GABLES FL 33134

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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SACHER, CHARLES P	1.2 NAME	
STREET ADDRESS	2655 LEJEUNE RD STE 1101	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	HUTCHENS, MARY L	2.2 NAME	
STREET ADDRESS	RT 2 BOX 2284	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL 32666	2.4 CITY-ST-ZIP	
TITLE	PDT	3.1 TITLE	☐ Change ☐ Addition
NAME	OBRIEN, THOMAS J JR	3.2 NAME	
STREET ADDRESS	200 OCEAN LANE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BOHN, MARCELLA O	4.2 NAME	
STREET ADDRESS	20 EXETER	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST NEWTON FL 02165	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	O'BRIEN, VIRGINIA H	5.2 NAME	
STREET ADDRESS	200 OCEAN LAN APT 409	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	5.4 CITY-ST-ZIP	
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)(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: [signature] THOMAS J O'BRIEN JR 3/4/95 305/361/1366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007449