

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 # 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

3. Date Incorporated or Qualified  
06/27/1980

3a. Date of Last Report  
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 200 OCEAN LANE

26 200 OCEAN LANE

22 Suite, Apt. #, etc.  
# 409

27 Suite, Apt. #, etc.  
# 409

23 City & State  
KEY BISCAIYNE, FL

28 City & State  
KEY BISCAIYNE FL

24 Zip  
33149

25 Country  
USA

29 Zip  
33149

30 Country  
USA

4. FEI Number  
59-2036792

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 ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name  
THOMAS J. O'BRIEN JR.

82 Street Address (P.O. Box Number is Not Acceptable)  
200 OCEAN LANE # 409

83

84 City  
KEY BISCAIYNE FL

85 Zip Code  
33149

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 to 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, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
SACHER, CHARLES P  
STREET ADDRESS  
2655 LEJEUNE RD STE 1101  
CITY-ST-ZIP  
CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME  
SD  
HUTCHENS, MARY L  
STREET ADDRESS  
RT 2 BOX 2284  
CITY-ST-ZIP  
MELROSE FL 32666

TITLE ☐ DELETE

NAME  
PDT  
OBRIEN, THOMAS J JR  
STREET ADDRESS  
200 OCEAN LANE DRIVE  
CITY-ST-ZIP  
KEY BISCAIYNE FL 33149

TITLE ☐ DELETE

NAME  
D  
BOHN, MARCELLA O  
STREET ADDRESS  
20 EXETER  
CITY-ST-ZIP  
WEST NEWTON FL 02165

TITLE ☐ DELETE

NAME  
D  
O'BRIEN, VIRGINIA H  
STREET ADDRESS  
200 OCEAN LAN APT 409  
CITY-ST-ZIP  
KEY BISCAIYNE FL 33149

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
PDT  
O'BRIEN, THOMAS J. JR  
200 OCEAN LANE APT 409  
KEY BISCAIYNE FL, 33149

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
D  
BOHN MARCELLA O  
20 EXETER  
WEST NEWTON, MA 02165

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THOMAS J. O'BRIEN JR., PRBS 2/26/96  
305-361-1366

CR2E037 (12/95)