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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 AM 12:25

DOCUMENT # **754699** **(7)**

1. Corporation Name
CENTURY FOR CYSTIC FIBROSIS INC.

Principal Place of Business	Mailing Address
WELLINGTON M 314 C/O ETHEL L. STEVENS WEST PALM BEACH FL 33417	WELLINGTON M 314 C/O ETHEL L. STEVENS WEST PALM BEACH FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2001497 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STEVENS, ETHEL L.
WELLINGTON M 314
WEST PALM BEACH FL 33417

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: ETHEL L. STEVENS Ethel L Stevens 4/7/95
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	TD	11 TITLE	☐ Change ☐ Addition
NAME	SCHECHTER, JENNIE	12 NAME	
STREET ADDRESS	ANDOVER K 259	13 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	STEVENS, ETHEL L	22 NAME	
STREET ADDRESS	WELLINGTON M 314	23 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	24 CITY-ST-ZIP	
TITLE	~~VD~~	31 TITLE	☒ Change ☐ Addition
NAME	~~FENSTER, JACK~~	32 NAME	VD DAVID SEPERSKY
STREET ADDRESS	~~KENT D 64~~	33 STREET ADDRESS	340 WELLINGTON H
CITY-ST-ZIP	~~W PALM BCH, FL 00000~~	34 CITY-ST-ZIP	W PALM BEACH, FL 33417
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WEINER, SYLVIA	42 NAME	
STREET ADDRESS	WELLINGTON M 103	43 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	LIPSCHITZ, RENEE OER	52 NAME	
STREET ADDRESS	WELLINGTON D 302	53 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	SILBERMAN, AUGIE	62 NAME	
STREET ADDRESS	FLANDERS I 423	63 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	64 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: ETHEL L. STEVENS Ethel L Stevens 4/7/95 107-683-131X
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #

0011849