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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

**FILED** Mar 13 1998 8:00am Secretary of State

THE NATIONAL FOUNDATION FOR CHILDREN, INC.  Principal Place of Business  Mailing Address  * OR LAURIE D. BRAGA 3120 CENTER STREET COCONUT GROVE FL 33133  CENTER STREET COCONUT GROVE FL 33133  Date Incorporated or Qualified 11/06/1980  4. FEI Number Sevential Status Desired For Required For Required For Required For Required City & State City & State City & State Zip Country Zip Country Zip Country Sin Name and Address of Current Registered Agent  CASEY, DANIEL, A KIRKPATRICK & LOCKHART LOCKHAR	ered red
Principal Place of Business  ** DR. LAURIE D. BRAGA 3120 CENTER STREET COCONUT GROVE FL 33133  ** DR. LAURIE D. BRAGA 3120 CENTER STREET COCONUT GROVE FL 33133  ** Data Incorporated or Qualified 11/06/1980  4. FEI Number 59-2039890  ** Pincipal Place of Business 2a. Mailing Address 2b. Meiling Address 2c. City & Status 2c. Suite, Apt. #, etc. 2c. Suite, Apt. #	ered red
3120 CENTER STREET COCONUT GROVE FL 33133  3120 CENTER STREET SPECIAL STREET COCONUT GROVE FL 33133  3120 CENTER STREET SPECIAL	ered red
2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. Fell Number 59-2039890 5. Certificate of Status Desired 58-75 Additiona Fee Required Fee Required 7. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 6. Election Campaign Financing 55.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 5. Certificate of Status Desired 58-75 Additiona Fee Required 7. Is this nonprofit corporation a homeowners association? 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 6. Election Campaign Financing #, 55.00 May Be. Addet to Fees Address of Current Required 5. Suite, Apt. #, etc. #,	ered red
Principal Place of Business   2e. Mailing Address   5. Certificate of Status Desired   \$8.75 Additiona Fee Required   \$8.75 Additional Fee Required   \$8.75 Addition	ered
Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  CASEY, DANIEL, A.  KIRKPATRICK & LOCKHART  100 CHOPIN PLAZA, STE 2000, MIAMI CENTER  MIAMI FL 33131  MACCITY  MIAMI FL 33131  B4 City  FL 85 Zip Code  Ti. 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 register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Suite, Apt. #, etc.  City & State  To. Is this nonprofit corporation a homeowners association?  Yes No  No  No  No  S. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	ered
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Trust Fund Contribution   Added to Fees	ered
City & State  7. Is this nonprofit corporation a homeowners association?  Yes No  Yes No  S. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name  CASEY, DANIEL, A.  KIRKPATRICK & LOCKHART  100 CHOPIN PLAZA, STE 2000, MIAMI CENTER  MIAMI FL 33131  82 Street Address (P.O. Box Number is Not Acceptable)  83	ered
Zip Country Zip Country B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No S. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent No Name Name Name Name Name Name Name Name	ered
Zip Country Zip Country B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No.  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  CASEY, DANIEL, A. KIRKPATRICK & LOCKHART 100 CHOPIN PLAZA, STE 2000, MIAMI CENTER  MIAMI FL 33131  B4 City FL B5 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named 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 and talls if applicable (NOTE: Registered Agent signature required when reinstating)  DATE	ered
\$. Name and Address of Current Registered Agent  CASEY, DANIEL, A.  KIRKPATRICK & LOCKHART  100 CHOPIN PLAZA, STE 2000, MIAMI CENTER  MIAMI FL 33131  B4 City  FL 85 Zip Code  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 register agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable  [NOTE: Registered Agent signature required when reinstating)  DATE	—   <u>.</u>
CASEY, DANIEL, A.  KIRKPATRICK & LOCKHART  100 CHOPIN PLAZA, STE 2000, MIAMI CENTER  MIAMI FL 33131  B4 City  FL 85 Zip Code  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 register agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable  [NOTE: Registered Agent signature required when reinstating)  DATE	—   <u>.</u>
CASEY, DANIEL, A.  KIRKPATRICK & LOCKHART  100 CHOPIN PLAZA, STE 2000, MIAMI CENTER  MIAMI FL 33131  84 City  FL 85 Zip Code  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 register 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  Signature, typed or printed name of registered agent and title if applicable  [NOTE: Registered Agent signature required when reinstating)  DATE	—   <u>.</u>
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Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  OUT OF THE PROJECT OF THE	e
12. OFFICERS AND DIRECTORS 13. ADDITIONS/ORANGES TO OFFICERS AND DIRECTORS IN 12	
Change Add	
NAME BRAGA, DR. JOSEPH 1.1 TITLE 1.2 NAME	
STREET ADDRESS 3120 CENTER STREET 1.3 STREET ADDRESS	{
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TITLE TD DELETE 2.1 TITLE Change Add	idition
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STREET ADDRESS 3120 CENTER ST. 2.3 STREET ADDRESS	
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ince 50	uiuvii
NAME BRAGA, THOMAS 3.2 NAME STREET ADDRESS 3120 CENTER STREET 3.3 STREET ADDRESS	
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CITY-ST-ZIP         COCONUT GROVE FL         3.4. CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Add	idition
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TITLE DELETE 6.1 TITLE Change Add	
TITLE DELETE 6.1 TITLE Change Add	

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 ar 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.