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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

755952 DOCUMENT #

(9)

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MEMORIAL	FOUNDATION.	INC.
	LOCHOVIDA	1140.

MEMORIAL FOUNDATION, INC.							
rincipal Place of	Business	Mailing Address					
3700 JOHNSON HOLLYWOOD FL		3700 JOHNSON ST HOLLYWOOD FL 33021-54	421				
HOLLINOOD IL	- GOVERNMEN				3. Date incorporated or Qualified 01/16/1981	3a. Date of L 05/01	<u>//1995</u>
. Principal Place	e of Business	2a, Mailing Address			4. FEI Number 59-2082218		Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional
City & State		City & State			Election Campaign Financing Trust Fund Contribution	LJ A	5,00 May Be
Zip	Country	Zıp	Country	/	8. This corporation has liability for in	ntangible tax undi] Yes 🎞 No	er s. 199.032,
l	25	29	30		Florida Statutes 10. Name and Address of New Ro		
	9. Name and Address of Curren	it Registered Agent	81	Name	TO. Years and Free Control of the Co		
équen l	ALOV I VAIN		62		ess (P.O. Box Number is Not Acceptable	le)	
	MARY LYNN INSON STREET		83	l			
HOLLYWO	OD FL 33021		**	'l			
•			84	1 City		FL B5	Zip Code
er registered familiar with	the provisions of Sections 617.0902 d agent, or both, in the State of Flori n, and accept the obligations of, Sect		d by the cor	poration's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo		ered agent. I am
IGNATURE _ s	lignature, typed or printed nar is of registered ageri	CE O Mais II Opposition		ent signature require	ed when reinstaling) ADDITIONS/CHANGES TO OFF	DATE ICE EIS AND DIRE	CTORS IN 12
2.		ID DIRECTORS	13.		ADDITIONS CHANGES TO OTT	Chi	
ITLE -	T'		1.2 NAM				
AME	SAYFIE, ERNEST G 1117 E. HALLANDALE BEAC	H BIND		ET ADDRESS			
TREET ADDRESS	HALLANDALE FL 33009	U DĽAD:	1.4 CITY				
ITY-ST-ZIP	TALLMINALE IL 33003	DELETE	2.1 TITLE		-	Ch	ange Addition
IAME	LIVINGSTON, PETER MD		2.2 NAM	E			
STREET ADDRESS	3501 JOHNSON ST.			ET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021	FOR ST		Y-ST-ZIP		Ch	ange Addition
TITLE	TR	DELETE	3.1 TITLE 3.2 NAM				_
IAME	NOLAN, MILDRED			EET ADDRESS			
STREET ADDRESS	4700 SHERIDAN ST. #J HOLLYWOOD FL 33021			Y-ST-ZIP			
CITY-ST-ZIP	STR	DELETE	41 TITE			Cr	nange
NAME	MASI, NICK MD		4. 2 NA	ME	9000017	77919	1
STREET ADDRESS	2401 LAGUNA DR.		4.3 STR	EET ADDRESS			-
CITY-ST-ZIP	FT. LAUDERDALE FL 33316			Y-ST-ZIP	-04/12/36010 ***61.25	J	nange
TITLE	D	DELETE	5 1 TITL		本本本○↓、ご○	_ -	· —
NAME	REILLY, JOSEPH		5 2 NAA	ieet address			
STREET ADDRESS	3501 JOHNSON ST		1	Y-ST-ZIP			
CITY-ST-ZIP	HOLLYWOOD FL	DELETE	6.1 TIT				hange Additio
TITLE			6.2 NA				
NAME STREET ADDRESS			63 STF	REET ADDRESS			
CITY - ST - 7IP				Y-ST-ZIP	20 1 No. 1 No. 20 1 No. 20 1 4 4	0.07/3\/k\ Elorido	Statutes I further
certify tha	by certify that the information supplie at the information indicated on this ar I am an officer or director of the cor in Block 12 or Block 13 if changed.	poration or the receiver or trust	ee empowere	does not qualife true and accu ed to execute	y for the exemption stated in Section 11 trate and that my signature shall have the this report as required by Chapter 617.	Florida Statutes;	And that my hairle
	$\mathcal{I}_{\mathcal{I}_{\mathbf{A}}}$	mal ohu			3/20194	(954) Baytim	&
SIGNAT	TURE: / !\W/Y () YY	OR PRINTED NAME OF SIGNING OFFI	ER OR DIRECT	OR	Olite	baytim	e Phone