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Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764747 (2)

1. Corporation Name

RUTH AND AUGUST GEIGER CHARITY FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O ROBERT R SCHNEIDER
9600 COLLINS AVE
BAL HARBOUR FL 33154C/O ROBERT R SCHNEIDER
9600 COLLINS AVE
BAL HARBOUR FL 33154-22023. Date Incorporated or Qualified
08/30/19823a. Date of Last Report
02/27/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, ROBERT R
9600 COLLINS AVE
BAL HARBOUR FL 33154

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 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, 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DUNWODY, ATWOOD	
STREET ADDRESS	3810 ALHAMBRA CIR	
CITY - ST - ZIP	CORAL GABLES, FL 00000	

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stanton, Fred R.	
1.3 STREET ADDRESS	7490 SW 167th St.	
1.4 CITY - ST - ZIP	Miami FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MEAD, D. RICHARD, JR.	
STREET ADDRESS	10255 SW 55TH AVE.	
CITY - ST - ZIP	MIAMI FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	STANTON, FRED R	
STREET ADDRESS	7490 SW 167TH ST.	
CITY - ST - ZIP	MIAMI FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

TITLE	STD	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, ROBERT R	
STREET ADDRESS	9030 SW 62ND TERR	
CITY - ST - ZIP	MIAMI FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	BATTLE, BEN JR	
STREET ADDRESS	7850 NW 146TH STREET	
CITY - ST - ZIP	MIAMI LAKES FL 33016	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing 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:

Robert R. Schneider, Secretary Treasurer

1-3-97

305-868-2635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0000000000

CR2E037 (9/96)