

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION
ANNUAL REPORT
1997
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000092

1. Corporation Name

Heavenly Cause Foundation

Principal Place of Business

Mailing Address

333 NE 8th Street P.O. Box #900969
Homestead, FL 33030 Homestead, FL 33090-0969

2. Principal Place of Business

2a. Mailing Address

21 333 NE 8th Street

26 P.O. Box #900969

3. Date Incorporated or Qualified

08/23/1996

3a. Date of Last Report

10/11/96

4. FEI Number

25-1614536

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Deborah D. Skipper
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

81 Name

Raul E. Pastran

82 Street Address (P.O. Box Number is Not Acceptable)

333 NE 8th Street

83

84 City

Homestead

85 Zip Code

FL

33030

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

Raul E. Pastran 10/10/97

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 NAME Pres. / Director
STREET ADDRESS Ryan, Edward M.
CITY - ST - ZIP 814 SW 7 Terr, Florida City, FL

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

TITLE NAME VP / Director
STREET ADDRESS Ryan, Ann C.
CITY - ST - ZIP Same as above

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

TITLE NAME VP / Director
STREET ADDRESS Kalland, Michael
CITY - ST - ZIP Same as above

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE NAME Secretary
STREET ADDRESS Terry Bove
CITY - ST - ZIP Same as above

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE NAME VP / Director
STREET ADDRESS Kalland, Denise
CITY - ST - ZIP Same as above

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

TITLE NAME AS
STREET ADDRESS Skipper, Deborah
CITY - ST - ZIP 1201 Hays St. Tallahassee, FL

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Kalland

Michael Kalland

10/10/9 242-9115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone *

FILED

97 OCT 22 AM 10: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (9/96)