SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT 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 JUL 24 AM 8:25

DOCUMENT # **F93000003896 (8)**

1. Corporation Name
BLADES FOUNDATION, INC.

Principal Place of Business	Mailing Address
1900 S.W. 70TH TERRACE PLANTATION FL 33317 US	1900 S.W. 70TH TERRACE PLANTATION FL 33317 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1993
3a. Date of Last Report: 02/21/1994
4. FEI Number: 38-3109697 ☐ 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 ☐ **FILING FEE IS $61.25**
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

BLADES, ROSA L
1900 S.W. 70TH TERRACE
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name: NONE
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	11 TITLE		☐ Change ☐ Addition
NAME	BLADES, ROSA LEE	12 NAME	NO Changes Rosa Lee Blades	D
STREET ADDRESS	1900 S.W. 70TH TERRACE	13 STREET ADDRESS	1900 S.W. 70th Terr	
CITY-ST-ZIP	PLANTATION FL 33317	14 CITY-ST-ZIP	Plantation, Fla. 33317	
TITLE	VC	21 TITLE		☐ Change ☐ Addition
NAME	BLADES, HORATIO B	22 NAME	NO Changes Horatio B. Blades	D
STREET ADDRESS	1900 S.W. 70TH TERACE	23 STREET ADDRESS	1900 S.W. 70th Terr	
CITY-ST-ZIP	PLANTATION FL 33317	24 CITY-ST-ZIP	Plantation, Fla. 33317	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	BLADES, BRIAN K	32 NAME	NO changes Brian K. Blades	D
STREET ADDRESS	1900 S.W. 70TH TERRACE	33 STREET ADDRESS	1900 S.W. 70th Terr	
CITY-ST-ZIP	PLANTATIOM FL 33317	34 CITY-ST-ZIP	Plantation, Fla. 33311	
TITLE	S	41 TITLE		☑ Change ☐ Addition
NAME	BLADES, VALYNDA D	42 NAME	Correction of name	
STREET ADDRESS	900 S.W. 70TH TERRACE	43 STREET ADDRESS	1900 S.W. 70th Terrace	
CITY-ST-ZIP	PLANTATION FL 33317	44 CITY-ST-ZIP	Plantation, Fla. 33317	
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	BLADES, SONYA L	52 NAME	no Changes	
STREET ADDRESS	1900 S.W. 701TH TERRACE	53 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33067	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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: Rosa L Blades Rosa L Blades 6-.95 345-53-3117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010221