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FILED

Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003896 (8)

1. Corporation Name

BLADES FOUNDATION, INC.

Principal Place of Business

1900 S.W. 70TH TERRACE
PLANTATION FL 33317
US

Mailing Address

1900 S.W. 70TH TERRACE
PLANTATION FL 33317-5010
US3. Date Incorporated or Qualified
08/27/19933a. Date of Last Report
01/25/1996

4. FEI Number

38-3109697

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	BLADES, ROSA LEE	
STREET ADDRESS	1900 S.W. 70TH TERRACE	
CITY - ST - ZIP	PLANTATION FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BLADES, HORATIO B	
STREET ADDRESS	1900 S.W. 70TH TERRACE	
CITY - ST - ZIP	PLANTATION FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BLADES, BRIAN K	
STREET ADDRESS	1900 S.W. 70TH TERRACE	
CITY - ST - ZIP	PLANTATION FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	BLADES, VALYNDA D	
STREET ADDRESS	1900 SW 70TH TERR	
CITY - ST - ZIP	PLANTATION FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	BLADES, SONYA L	
STREET ADDRESS	1900 S.W. 70TH TERRACE	
CITY - ST - ZIP	PLANTATION FL 33067	

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

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

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

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

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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:

Rosa L. Blades

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-583-3919

Daytime Phone # 0038585

CR2E037 (9/96)