FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300003896 (8)

BLADES FOUNDATION, INC.

| Principal Plac | ce of Business | Mailing Address | | | | # LOUTHOUR INION HALLI DERICK DOUGH BRAIN ORFIA FRIDE (F/M) LOUGH FOFFO MARK AND A | |
|--|---|----------------------------------|--------------------|--------------------------------|--|---|--|
| 1900 S.W. 70T | 1900 S.W. 70TH TERRACE | | | | 3. Date Incorporated or Qualified | | |
| PLANTATION FL 33317 US | | PLANTATION FL 33317 US | | | 08/27/1993 | | |
| | | 00 | | | | 4. FEI Number Applied For | |
| 2 Principal F | Place of Business | 2a. Mailing Address | | | | 38-3109697 Not Applicabl | |
| 21 | | 26 Walling Address | | | | 5. Certificate of Status Desired \$8.75 Additional | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | . | Fee Required 6. Election Campaign Financing \$5.00 May Be | | |
| 22 | | 27 | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | |
| City & State | | City & State | | | 7. Is this nonprofit corporation a homeowners association? | | |
| 23 | | 28 | | | ☐ Yes ☐ No | | |
| Zip 24 | Country | Zip | Country | | | 8. This corporation owes or has paid the current year Intangible | |
| 24 | 9. Name and Address of Current | | 30 | | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | |
| | | | | 81 | Name | 10. Harro and Addition of their Hegistered Agont | |
| BLADES, ROSA L | | | | 82 | Ctroot Addres | on (D.O. Day Number in New Assessments) | |
| 1900 S.\ | | | 02 | Street Addres | ss (P.O. Box Number is Not Acceptable) | | |
| PLANTATION FL 33317 | | | | 83 | | | |
| | | | | 84 | City | 85 Zip Code | |
| | | | | | • | - - - - - - - - - - - - - | |
| office or r | 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. | | | | | | |
| | m familiar with, and accept the obligation | tions of, Section 617.0503, Flor | ida Sta | tutes. | • | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | Р | ☐ DELETE | 1.1 TI | 1.1 TITLE | | Change Addition | |
| NAME | BLADES, ROSA LEE | | 1.2 N | AME | | · · | |
| STREET ADDRESS | 1900 S.W. 70TH TERRACE | | 1.3 STREET ADDRESS | | DRESS | | |
| CITY-ST-ZIP TITLE | PLANTATION FL | □ DELETE | | TY-ST-7 | ZIP | | |
| NAME | D PLANES HOBATIO P | L VELETE | 2.1 T | | | ! Change Addition | |
| STREET ADDRESS | BLADES, HORATIO B 1900 S.W. 70TH TERACE | | | 2.2 NAME 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | PLANTATION FL | | | MY-ST- | | | |
| TITLE | D | DELETE | 3.1 Ti | | AIT . | Change Addition | |
| NAME | BLADES, BRIAN K | | 3.2 NA | | | | |
| STREET ADDRESS | 1900 S.W. 70TH TERRACE | | 3.3 ST | REET AD | DRESS | | |
| CITY-ST-ZIP | PLANTATIOM FL | | 3.4. C | ITY-ST- | ZIP | | |
| TITLE | S | DELETE | 4,1 717 | TLE | | ☐ Change ☐ Addition | |
| NAME | BLADES, VALYNDA D | | 4. 2 N | | | | |
| STREET ADDRESS | 1900 SW 70TH TERR | | | REET AD | | | |
| CITY-ST-ZIP TITLE | PLANTATION FL T | DELETE | 4.4 CI | TY-ST-Z | IP | Change Addition | |
| NAME | BLADES, SONYA L | in perit | 5.1 III | | | Change | |
| STREET ADDRESS | 1900 S.W. 701TH TERRACE | | 1 | REET ADI | DRESS | | |
| CITY-ST-ZIP | PLANTATION FL 33067 | | 1 | TY-ST-Z | | | |
| TITLE | | DELETE | 6.1 TIT | | 7 | ☐ Change ☐ Addition | |

14. I 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 cath; 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.

.2 NAME

SIGNATURE:

NAME

STREET ADDRESS

CONCARD REGERED BLACKS

1-7-98

FILED

Feb 04 1998 8:00am

Secretary of State

954-583-3919