SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000000368 (9)**

1. Corporation Name
FUND RAISING AND MANAGEMENT COUNSEL, INC.

Principal Place of Business	Mailing Address
~~3340 PEACHTREE ROAD NE~~ ~~STE. 490 EAST TOWER~~ ATLANTA GA 30326	~~3343 PEACHTREE ROAD NE~~ ~~STE. 490 EAST TOWER~~ ATLANTA GA 30326

3. Date Incorporated or Qualified: 01/24/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 Fund-Raising Management Counsel	26 Fund-Raising Mgt. Counsel, Inc.
Suite, Apt. #, etc. 22 2901 Piedmont Rd.	Suite, Apt. #, etc. 27 2901 Piedmont Rd.
City & State 23 Atlanta, GA	City & State 28 Atlanta, GA
Zip 24 30305 Country 25 Fulton	Zip 29 30305 Country 30 Fulton

4. FEI Number: 57-0846432 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DUCHEMIN, CLAIRE A
3837-A KILLEARN COURT
TALLAHASSEE FL 32308

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 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 _____ (NOTE: Required if Agent is changed or added.) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DORADO, JANET		1.2 NAME		
STREET ADDRESS	1439 SHERIDAN WALK NE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30324		1.4 CITY-ST-ZIP		
TITLE	CVS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KELLY, DOUG		2.2 NAME		
STREET ADDRESS	1304 SHERIDAN ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30324		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

900001924209
-08/16/96--01036--029
***375.00
8/16/96

CR2E034 (3/96)

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: Janet Dorado 8/7/96 (404)239-9242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #