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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000001680 (5)**

1. Corporation Name

ORPHANS INTERNATIONAL FOUNDATION, INC.

Principal Place of Business

**9200 MARIGOLD CT
FT. MYERS FL 33919**

Mailing Address

**9200 MARIGOLD CT
FT. MYERS FL 33919**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SANDERS, LEONARD L
9200 MARIGOLD COURT
FT. MYERS FL 33919**

3. Date Incorporated or Qualified

04/03/1996

4. FEI Number

22-3177131

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

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

1/12/98

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	SANDERS, LEONARD	
STREET ADDRESS	9200 MARIGOLD COURT	
CITY-ST-ZIP	FT. MYERS FL	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	MCGOVERN, MARY	
STREET ADDRESS	149 MORSE ROAD	
CITY-ST-ZIP	SUDBURY MA 01776	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARIZMENDI, HERNAN	
STREET ADDRESS	3 AMBER LEAF COURT, THE WOODLANDS	
CITY-ST-ZIP	HOUSTON TX 77381	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHEUNG, WING	
STREET ADDRESS	45 NORMANDY DR.	
CITY-ST-ZIP	SUDBURY MA 01776	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCHALE, JAMES T REV.	
STREET ADDRESS	116 CENTRAL ST.	
CITY-ST-ZIP	ACTON MA 01720	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SANDERS, JEANNE H	
STREET ADDRESS	9200 MARIGOLD COURT	
CITY-ST-ZIP	FT. MYERS FL	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DS MCGOVERN, MARY
2.3 STREET ADDRESS	55 HUDSON ROAD
2.4 CITY-ST-ZIP	SUDBURY MA 01776

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D CHEUNG, WING
4.3 STREET ADDRESS	3058 SUMMIT DRIVE
4.4 CITY-ST-ZIP	FREMONT CA 94555

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 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: **Leonard Sanders** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/98

941-466-4229

Date

Daytime Phone # 0067733

CR2E037 (10/97)