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Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90065 043 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000006396

1. Corporation Name

THE VALOR FOUNDATION, INC.

Principal Place of Business

1101 HILLCREST DRIVE
HOLLYWOOD FL 33021

Mailing Address

1101 HILLCREST DRIVE
HOLLYWOOD FL 33021



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/20/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		58-1839448	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
30		31		32	

9. Name and Address of Current Registered Agent

MIAMI CENTER REGISTERED AGENTS, INC.
1700 MIAMI CENTER
201 S. BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBIN, HERBERT A	1.2 NAME	
STREET ADDRESS	1101 HILLCREST DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWER, LINDA	2.2 NAME	
STREET ADDRESS	1101 HILLCREST DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, JULIA	3.2 NAME	
STREET ADDRESS	1101 HILLCREST DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBONS, DOROTHY	4.2 NAME	
STREET ADDRESS	1101 HILLCREST DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	4.4 CITY-ST-ZIP	
TITLE	SED <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, DOROTHY	5.2 NAME	
STREET ADDRESS	1101 HILLCREST DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99 954-585-3080
Date Daytime Phone #

CR2E037 (11/98)