

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M23564** (1)

1. Corporation Name
FLORIDA MEMORIAL COLLEGE FOUNDATION, INC.



Principal Place of Business: **15800 NW 42ND AVENUE MIAMI FL 33054**
Mailing Address: **15800 NW 42ND AVENUE MIAMI FL 33054**

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 11/20/1985	3a. Date of Last Report 05/01/1995
4. FEI Number 59-0668483	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**SMITH, ALBERT E
15800 NW 42ND AVENUE
MIAMI FL 33054**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Typed or Printed Name)

Signature of Registered Agent (Typed or Printed Name)

Date

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	SMITH, ALBERT	
STREET ADDRESS	15800 N.W. 42ND AVE.	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	COLEMAN, A.B.	
STREET ADDRESS	15800 N.W. 42ND AVE.	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, THOMASINA ESQ	
STREET ADDRESS	15800 N.W. 42ND AVE.	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, WILLIAM H.	
STREET ADDRESS	15800 NW 42ND AVE.	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	SD WILSON, RICHARD REV.	
11. STREET ADDRESS	15800 NW 42ND AVENUE	
12. CITY-ST-ZIP	MIAMI, FL 33054	
13. TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	WIGGINS, PAUL R.	
15. STREET ADDRESS	15800 NW 42ND AVENUE	
16. CITY-ST-ZIP	MIAMI, FL 33054	
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		

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)(b), Florida Statutes. I further certify that the information indicated on this annual report or successor 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 registered or foster engineer to evaluate the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an alternate with an address.

SIGNATURE: *Albert E. Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)