

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N01735 (2)**

1. Corporation Name

**THE DR. M. LEE PEARCE FOUNDATION, INC.**

Principal Place of Business

**8701 SW 137TH AVE.  
STE. 300  
MIAMI BEACH FL 33183  
US**

Mailing Address

**8701 S.W. 137TH AVE.  
STE. 300  
MIAMI BEACH FL 33183  
US**



3. Date Incorporated or Qualified

**03/01/1984**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-2424272**

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

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

**24**

Country

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**MUDD, JOHN  
8701 S.W. 137TH AVE.  
STE. 300  
MIAMI BEACH FL 33183**

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

12. OFFICERS AND DIRECTORS

TITLE

**VD**

NAME

**DOUGLAS, CHARLES**

STREET ADDRESS

**ONE FIRST NATIONAL PLAZA**

CITY - ST - ZIP

**CHICAGO IL**

☐ DELETE

TITLE

**VD**

NAME

**ACHOR, ROBERT L.**

STREET ADDRESS

**8701 SW 137TH AVE., #300**

CITY - ST - ZIP

**NAPLES FL**

☐ DELETE

TITLE

**D**

NAME

**HINKLE, CLIFF**

STREET ADDRESS

**8701 S.W. 137TH AVE., #300**

CITY - ST - ZIP

**TALLAHASSEE FL**

☐ DELETE

TITLE

**D**

NAME

**THOMAS, MARY**

STREET ADDRESS

**8701 S.W. 137TH AVE., #300**

CITY - ST - ZIP

**ROCHESTER MN**

☐ DELETE

TITLE

**VD**

NAME

**MUDD, JOHN**

STREET ADDRESS

**8701 S.W. 137TH AVE., #300**

CITY - ST - ZIP

**MIAMI FL**

☐ DELETE

TITLE

**D**

NAME

**PEARCE, M. LEE**

STREET ADDRESS

**8701 S.W. 137TH AVE., #300**

CITY - ST - ZIP

**MIAMI FL**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**D**

1.2 NAME

**Rolvin, Rick**

1.3 STREET ADDRESS

**200 First St. S.W.**

1.4 CITY - ST - ZIP

**Rochester, MN 55905**

☐ Change ☒ Addition

2.1 TITLE

**VD**

2.2 NAME

**Achor, Robert L.**

2.3 STREET ADDRESS

**8701 S.W. 137th Ave. #300**

2.4 CITY - ST - ZIP

**Miami, Florida**

☒ Change ☐ Addition

3.1 TITLE

**VT**

3.2 NAME

**A.B. Wiener**

3.3 STREET ADDRESS

**8701 S.W. 137th Ave. #300**

3.4 CITY - ST - ZIP

**Miami, FL**

☐ Change ☒ Addition

4.1 TITLE

**AST.ST**

4.2 NAME

**Thomas, Mary**

4.3 STREET ADDRESS

**8701 S.W. 137th Ave. #300**

4.4 CITY - ST - ZIP

**Miami, FL**

☒ Change ☐ Addition

5.1 TITLE

**VS**

5.2 NAME

**Mudd, John**

5.3 STREET ADDRESS

**8701 S.W. 137th Ave. #300**

5.4 CITY - ST - ZIP

**Miami, Florida**

☒ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

**4000018085  
-05/06/96--01026--003  
\*\*\*20.00**

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)(k), 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:

**John Mudd**

**3/28/96**

**(305) 383-7400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)