


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N10979 (5) 1. Corporation Name AMERICAN BURN SURVIVAL FOUNDATION, INC.					
Principal Place of Business			Mailing Address		
C/O RUTH M. PIERSON 18860 S 19 N. STE 122 CLEARWATER FL 34624 US			C/O RUTH M. PIERSON 18860 US 19 N. STE 122 CLEARWATER FL 34624-3106 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/05/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report	
22		27		03/07/1996	
City & State		City & State		4. FEI Number	
23		28		59-2576504	
Zip		Zip		5. Certificate of Status Desired	
24		29		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		6. Election Campaign Financing	
25		30		<input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
PIERSON, RUTH M. 2491 NURSERY ROAD #45 CLEARWATER FL 33546			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERENICH, MARK		1.2 NAME		
STREET ADDRESS	1875 BELCHER RD		1.3 STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER FL		1.4 CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, BRYAN BRIAN		2.2 NAME		
STREET ADDRESS	5729 MOSAIC DR.		2.3 STREET ADDRESS		
CITY - ST - ZIP	HOLIDAY FL		2.4 CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRANT, TRISH		3.2 NAME		
STREET ADDRESS	330 DIVISION ST		3.3 STREET ADDRESS		
CITY - ST - ZIP	CLERMOUNT FL		3.4 CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENGBERG, OLA		4.2 NAME		
STREET ADDRESS	1313 S MADISON AVE		4.3 STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER FL		4.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHERLOCK, TOM		5.2 NAME		
STREET ADDRESS	480 NW 123RD ST.		5.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		5.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUTLER, CHIEF W		6.2 NAME		
STREET ADDRESS	304 1ST ST		6.3 STREET ADDRESS		
CITY - ST - ZIP	INDIAN ROCKS FL		6.4 CITY - ST - ZIP		
14. I do 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: <i>Ruth M. Pierson</i> 2/18/97 (813) 531-9331					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0087606					

CR2E037 (9/96)