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NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

APPROVED  
AND  
FILED

96 JAN 24 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # N12127 (9)  
1. Corporation Name  
MAKE-A-WISH FOUNDATION OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O NANCY STROM  
3201 GRIFFIN RD #106  
FT LAUDERDALE FL 33312  
US

3201 GRIFFIN RD. #106  
FT. LAUDERDALE FL 33312  
US

3. Date Incorporated or Qualified  
11/18/1985

3a. Date of Last Report  
01/26/1995

2. Principal Place of Business  
21 2901 Stirling Rd.  
Suite, Apt. #, etc. # 210  
City & State Ft. Lauderdale FL  
Zip 33312 Country USA  
22 2901 Stirling Rd.  
Suite, Apt. #, etc. # 210  
City & State Ft. Lauderdale  
Zip FL 33312 Country USA  
23 2901 Stirling Rd.  
Suite, Apt. #, etc. # 210  
City & State Ft. Lauderdale  
Zip FL 33312 Country USA  
24 2901 Stirling Rd.  
Suite, Apt. #, etc. # 210  
City & State Ft. Lauderdale  
Zip FL 33312 Country USA

4. FEI Number  
59-2620322  
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STROM, NANCY  
9860 SW 3 CT  
PLANTATION FL 33324

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 Nancy Strom  
Signature, typed or printed name of registered agent and title if applicable

Nancy Strom  
(NOTE: Registered Agent Signature required when reappointing)

11/22/96  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MORRIS, PATRICK G  
STREET ADDRESS 1446 LENOX AVE., #1  
CITY-ST-ZIP MIAMI BEACH FL  
TITLE SD  
NAME CARNEY, ANN  
STREET ADDRESS 1435 SEABAY RD  
CITY-ST-ZIP FT LAUDERDALE FL  
TITLE TD  
NAME LAZZARO, MARK  
STREET ADDRESS 1175 FAIRFAX LN  
CITY-ST-ZIP FT LAUDERDALE FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE SD  
2.2 NAME Idalberto de Armas  
2.3 STREET ADDRESS 440 SW 29 Road  
2.4 CITY-ST-ZIP Miami FL 33129  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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\*\*\*70.00

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: Nancy Strom  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/96 967-9474  
Date Daytime Phone #

CR2E037 (12/95)