FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12658 (3)

1. Corporation Name

DONORS FORUM OF MIAMI, INC.

Principal Place of Business	Mailing Address
200 SOUTH BISCAYNE BOULEVARD SUITE 2780 MIAMI FL 33131-9343 US	200 SOUTH BISCAYNE BOULEVARD SUITE 2780 MIAMI FL 33131-9343 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1985
3a. Date of Last Report: 06/21/1994
4. FEI Number: 59-2671778 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 12555 Biscayne Blvd,
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 903
City & State 23	City & State 28 Miami FL
Zip 24 / Country 25	Zip 29 33181 / Country 30 Dade

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
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
HALPERN, SHEILA STEEL HECTOR & DAVIS 4000 SE FINANCIAL CENTER MIAMI FL 33131	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☒ Change ☐ Addition
NAME	ROULHAC, PETER W.	12 NAME	Delete	
STREET ADDRESS	FUN, 15 FLOOR, 200 SOUTH BISCAYNE	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	CD	☒ Change ☐ Addition
NAME	CLARK, SHARON	22 NAME	Clark, Sharon	
STREET ADDRESS	ONE HERALD PLAZA	23 STREET ADDRESS	One Herald Plaza	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, FL	
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	PETREY, RODERICK	32 NAME		
STREET ADDRESS	701 BRICKELL AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	BUSSEL, ANN	42 NAME		
STREET ADDRESS	420 ROVINO AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	44 CITY-ST-ZIP		
TITLE		51 TITLE	Executive Director	☐ Change ☒ Addition
NAME		52 NAME	JoAnne Chester Bander	
STREET ADDRESS		53 STREET ADDRESS	500 Alhambra Circle	
CITY-ST-ZIP		54 CITY-ST-ZIP	Coral Gables FL 33134	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: JoAnne Bander Executive Director 4/12/95 (305)653-3965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007023