

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N12658 (3)

1. Corporation Name

THE DONORS FORUM, INC.

Principal Place of Business

% HOLLAND & KNIGHT
701 BRICKELL AVENUE
MIAMI FL 33131
US

Mailing Address

% HOLLAND & KNIGHT
701 BRICKELL AVENUE
MIAMI FL 33131
US



3. Date Incorporated or Qualified
12/19/1985

3a. Date of Last Report
04/27/1995

4. FEI Number
59-2671778

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PETREY, RODERICK N
% HOLLAND & KNIGHT
701 BRICKELL AVENUE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
Intrastate Registered Agent Corporation
82 Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue Suite 3000
83
84 City
Miami
85 Zip Code
FL 33131

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 617.0508, Florida Statutes.

SIGNATURE

[Signature]

NOTES: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME CLARK, SHARON
STREET ADDRESS ONE HERALD PLAZA
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE TD
NAME PETREY, RODERICK
STREET ADDRESS 701 BRICKELL AVENUE
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE SD
NAME BUSSEL, ANN
STREET ADDRESS 420 ROVINO AVE.
CITY-ST-ZIP CORAL GABLES FL ☒ DELETE

TITLE D
NAME JOANNE CHESTER BANDER
STREET ADDRESS 500 ALHAMBRA CIR
CITY-ST-ZIP CORAL GABLES FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME SPANIOLO, JAMES
3.3 STREET ADDRESS SK. 3400, One Biscayne Tower
3.4 CITY-ST-ZIP Miami, FL 33131

4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME MONZ, BARBARA
4.3 STREET ADDRESS P.O. Box 14096
4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33302 **(N/A)**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roderick N. Petrey

7/3/96

Date

(305) 789-7722

Daytime Phone #

CR2E037 (3/96)