

FILE NOW: FILING FEE IS \$61.25

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Jun 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33131-2813 US		3. Date Incorporated or Qualified 12/19/1985	3a. Date of Last Report 07/11/1996
2. Principal Place of Business 21 600 BRICKELL AVE.	2a. Mailing Address 26	4. FEI Number 59-2671778	Applied For Not Applicable		
22 Suite, Apt. #, etc. STE 206K	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
23 City & State MIAMI, FL	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
24 Zip 33131	25 Country USA	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE SUITE 3000 MIAMI FL 33131		10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	CLARK, SHARON	1.2 NAME	Clark, Sharon
STREET ADDRESS	ONE HERALD PLAZA	1.3 STREET ADDRESS	One Herald Plaza
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33132
TITLE	VD	2.1 TITLE	PD
NAME	PETREY, RODERICK	2.2 NAME	Petrey, Roderick
STREET ADDRESS	701 BRICKELL AVENUE	2.3 STREET ADDRESS	701 Brickell Ave., Ste 3000
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	SD	3.1 TITLE	
NAME	SPANIOLO, JAMES	3.2 NAME	
STREET ADDRESS	STE 3400, ONE BISCAYNE TOWER	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	VD
NAME	MONZ, BARBARA	4.2 NAME	monz, Barbara
STREET ADDRESS	PO BOX 14096 N/A	4.3 STREET ADDRESS	P.O. Box 14096 N/A
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33302
TITLE	SD	5.1 TITLE	SD
NAME	VINCENT, MABEL	5.2 NAME	VINCENT, MABEL
STREET ADDRESS	P.O. BOX 025538 N/A	5.3 STREET ADDRESS	P.O. BOX 025538 N/A
CITY-ST-ZIP	MIAMI, FL 33102	5.4 CITY-ST-ZIP	MIAMI, FL 33102
TITLE	TD	6.1 TITLE	TD
NAME	BEST, SUSAN	6.2 NAME	BEST, SUSAN
STREET ADDRESS	200 SO. BISCAYNE BLVD., 16th FLWR	6.3 STREET ADDRESS	200 SO. BISCAYNE BLVD., 16th FLWR
CITY-ST-ZIP	MIAMI, FL 33131	6.4 CITY-ST-ZIP	MIAMI, FL 33131

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 _____ DATE **4/30/97**

CR2E037 (9/96)