

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90197 028 ****61.50

DOCUMENT # N12658

1. Corporation Name

THE DONORS FORUM, INC.

Principal Place of Business

600 BRICKELL AVE.
STE. 206K
MIAMI FL 33131
US

Mailing Address

% HOLLAND & KNIGHT
701 BRICKELL AVENUE
MIAMI FL 33131
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/19/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2671778

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE
SUITE 3000
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 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 D ☒ DELETE
NAME CLARK, SHARON
STREET ADDRESS ONE HERALD PLAZA
CITY-ST-ZIP MIAMI FL

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

TITLE PD ☐ DELETE
NAME PETREY, RODERICK
STREET ADDRESS 701 BRICKELL AVE., STE. 3000
CITY-ST-ZIP MIAMI FL

2.1 TITLE D ☒ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33131

TITLE SD ☒ DELETE
NAME VINCENT, MABEL
STREET ADDRESS P.O. BOX 025538 N/A
CITY-ST-ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME MONZ, BABARA
STREET ADDRESS PO BOX 14096 N/A
CITY-ST-ZIP FT LAUDERDALE FL

4.1 TITLE D ☒ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 33302-4096

TITLE TD ☐ DELETE
NAME BEST, SUSAN
STREET ADDRESS 200 SO. BISCAYNE BLVD., 14TH FLOOR
CITY-ST-ZIP MIAMI FL

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 33131

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE P, D ☐ Change ☒ Addition
6.2 NAME WEINTRAUB, TERESA V-F
6.3 STREET ADDRESS 100 SE 26 St, Ste 2300
6.4 CITY-ST-ZIP MIAMI, FL 33131

14. I 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, with all other like empowered.

SIGNATURE:

Roderick N. Petrey
Roderick N. Petrey
Director

4/29/99

305-789-7722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)