

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N12821 (7)

1. Corporation Name

FRIENDS OF THE FULBRIGHT COMMISSION IN EGYPT, IN
C.



Principal Place of Business

Mailing Address

C/O AULSEY, MCMULLEN ET AL
227 S CALHOUN ST
TALLAHASSEE FL 32301
US

C/O AULSEY, MCMULLEN ET AL
227 S. CALHOUN ST
TALLAHASSEE FL 32301
US

3. Date Incorporated or Qualified
12/31/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2607909

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

25

Country

29

Zip

30

Country

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

HULL, DAVID J
MACFARLANE AUSLEY FERGUSON & MCMULLEN
227 S. CALHOUN ST
TALLAHASSEE FL 32301

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 PVD ☐ DELETE
NAME BEAN, LEE LAWRENCE
STREET ADDRESS 983 EAST MILL STREET
CITY-ST-ZIP BOUNTIFUL UT

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 227 S. CALHOUN ST
1.4 CITY-ST-ZIP TALLAHASSEE FL 32301 US

TITLE SD ☐ DELETE
NAME RADWAN, ANN B.
STREET ADDRESS PO BOX 4099 N/A
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 227 S. CALHOUN ST
2.4 CITY-ST-ZIP TALLAHASSEE FL 32301 US

TITLE TD ☐ DELETE
NAME SHALABY, ALEX I.N.
STREET ADDRESS PO BOX 4099 N/A
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 227 S. CALHOUN ST
3.4 CITY-ST-ZIP TALLAHASSEE FL 32301 US

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/96

Date

Daytime Phone #

CR2E037 (12/95)