FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name N12821

(7)

FRIENDS OF THE FULBRIGHT COMMISSION IN EGYPT, IN

Principal Place of Business Mailing Address									
· ·									
	MCMULLEN ET AL		CMULLEN ET AL						
227 S CALHOU	=	227 S. CALHOU							
Tallahassee FL 32301 US		U\$	TALLAHASSEE FL 32301-1805 US			3. Date Incorporated or Qualified 12/31/1985	3a. Date of Last Report 04/25/1996		
2. Principal F	Place of Business	2a. Mailing Ad	2a. Mailing Address			4. FEI Number	· 	Applied For	
21		26	26			59-2607909 Not Applicable			
Suite, Apt.	. #, etc	Suite, Apt.	Suite, Apt. #, etc.			Certificate of Status Desired See Required Fee Required			
22		27							
City & Sta	te	City & Stat	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28	- -			Trust Fund Confribution Added to Fees			
Zip				ountry	′	8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30			Florida Statutes Yes No			
9. Name and Address of Current Registered Agent					T	10. Name and Address of New Re-	pistered Agent	···	
				81	Name				
HULL, DAVID J				82	Street Add	t Address (P.O. Box Number is Not Acceptable)			
MACFARLANE AUSLEY FERGUSON & MCMULLE									
	Calhoun St			83					
TALLAH/	ASSEE FL 32301			84	City		85 2	Zip Code	
	·						FL !	•	
11. Pursuant office or	to the provisions of Sections	s 617.0502 and 617.1508, Flo the State of Florida, Such ch	rida Statutes, the	above	e-named cor	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changir	ng its registered	
agent :	an 'amiliar with an acce t	the obligations of, Section 61	7.0503, Florida St	atutes	s.				
SIGNATURÉ						F	eb. 6, 19	97	
	Signature typeo or printed name of re				ent signature requ	ired when reinstating)	DATE	·	
12.	· · · · · · · · · · · · · · · · · · ·	CERS AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC			
TITLE	PVD			TITLE			∟ Chan	nge Addition	
NAME	BEAN, LEE LAWRENC		1.2	NAME					
STREET ADDRESS	227 S. CALHOUN ST.		1,3	STREET	ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 323			CITY-S	ST-ZIP				
TITLE	\$D		DELETE 2.1	TITLE			☐ Chan	ge 🔲 Addition	
NAMÉ	RADWAN, ANN B.		2.2	NAME					
STREET ADDRESS	227 S. CALHOUN ST.		2.3	STREET	ADDRESS				
CITY - ST - ZIP	TALLAHASSEE FL 323			CITY-	ST-ZIP				
TITLE	TD		DELETE 3.1	TITLE			☐ Chan	ge Addition	
NAME	nashif, ziad		3.2	NAME					
STREET ADDRESS	227 S. CALHOUN ST.		3.3	\$TREET	ADDRESS				
CITY - \$1 - ZIP	TALLAHASSEE FL 323	301	3.4.	спу-	ST-ZIP				
TITLE			DELETE 4.1	TITLE			☐ Chan	ge 🔲 Addition	
NAME			4. 2	NAME					
STREET ADDRESS	İ		4.3	STREET	ADDRESS				
CITY - ST - ZIP			4.4	CITY-S	it-ZiP				
TITLE				TITLE			Chan	ge Addition	
NAME	Į.			NAME					
STREET ADDRESS					ADDRESS				
CITY - S1 - ZIP	ļ			CITY-S	}				
TITLE		П	~~~~~	TITLE	11 - 6.81		☐ Chan	ge Addition	
NAME		L		MAME			,,,,,		

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 this 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 attagramment with an address. SIGNATURE: Ann B.

STREET ADDRESS

CITY-ST-ZIP

Feb. 6, 1997

(202) 357--2216

FILED

Mar 03 1997 8:00am

Secretary of State