


FILE NOW: FILING FEE IS \$61.25

FILED  
May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N16489** (9)

1. Corporation Name

**FRIENDS OF SAMBURU TRIBE EVANGELICAL REBIRTH, IN  
C. (F.O.S.T.E.R.)**



Principal Place of Business <b>C/O PHYLLIS KOCH 8285 SW 103RD STREET MIAMI FL 33156</b>	Mailing Address <b>C/O PHYLLIS KOCH 8285 SW 103RD STREET MIAMI FL 33156</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified <b>08/22/1986</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2766632</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KOCH, PHYLLIS 8285 SW 103RD STREET MIAMI FL 33156</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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10. Name and Address of New Registered Agent
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DE <input type="checkbox"/> DELETE
NAME	<b>KOCH, PHYLLIS G.</b>
STREET ADDRESS	<b>8285 S.W. 103RD STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33156</b>
TITLE	DT <input type="checkbox"/> DELETE
NAME	<b>RIWA, FR. FRANCIS L REV</b>
STREET ADDRESS	<b>OLDONYIRO CATHOLIC MISSION</b>
CITY-ST-ZIP	<b>NANYUKI, KENYA EAST AFRICA</b>
TITLE	S <input type="checkbox"/> DELETE
NAME	<b>ALCAZAR, SONIA M</b>
STREET ADDRESS	<b>592 SW 10TH STREET, APT 1</b>
CITY-ST-ZIP	<b>MIAMI FL 33130</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>SICILIANO, PAT</b>
STREET ADDRESS	<b>2929 SW 3 AVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33129</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>T WILLIAM ROSAS</b>
1.3 STREET ADDRESS	<b>16220 SW 92 Avenue</b>
1.4 CITY-ST-ZIP	<b>Miami, FL 33157</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 or on an attachment with an address.

SIGNATURE:  PHYLLIS KOCH

4-26-1998

CR2E037 (10/97)