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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N16489

1. Corporation Name

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

Principal Place of Business

C/O PHYLLIS KOCH
8285 SW 103RD STREET
MIAMI FL 33156

Mailing Address

C/O PHYLLIS KOCH
8285 SW 103RD STREET
MIAMI FL 33156



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/22/1986

4. FEI Number

59-2766632

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KOCH, PHYLLIS
8285 SW 103RD STREET
MIAMI FL 33156

10. Name and Address of New Registered Agent

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

TITLE DE ☐ DELETE
NAME KOCH, PHYLLIS G.
STREET ADDRESS 8285 S.W. 103RD STREET
CITY-ST-ZIP MIAMI FL 33156

TITLE DT ☐ DELETE
NAME RIWA, FR. FRANCIS L REV
STREET ADDRESS OLDONYIRO CATHOLIC MISSION
CITY-ST-ZIP NANYUKI, KENYA EAST AFRICA

TITLE S ☒ DELETE
NAME ALCAZAR, SONIA M
STREET ADDRESS 592 SW 10TH STREET, APT 1
CITY-ST-ZIP MIAMI FL 33130

TITLE T ☒ DELETE
NAME ROSAS, WILLIAM
STREET ADDRESS 16220 SW 92ND AVE
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T ☒ Change ☐ Addition
1.2 NAME ZIMMER, RUSSELL
1.3 STREET ADDRESS 1517 NW 12 Avenue
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33311

2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME MERRITT, WILLIAM
2.3 STREET ADDRESS 4124 SW 22nd Street
2.4 CITY-ST-ZIP Fort Lauderdale, FL 33317

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

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

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

6.1 TITLE ☐ Change ☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-1999

Date

(305) 642-5055

Daytime Phone #

CR2E037 (11/98)