

# 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 # N21928 (9)**

1. Corporation Name

**SUN-SENTINEL CHARITIES, INC.**

Principal Place of Business

Mailing Address

**200 E LAS OLAS BLVD  
FT. LAUDERDALE FL 33301**

**200 E LAS OLAS BLVD  
FT. LAUDERDALE FL 33301**



3. Date Incorporated or Qualified

**08/06/1987**

3a. Date of Last Report

**03/16/1995**

4. FEI Number

**58-7238113**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARGROVE, JOHN R.  
500 E. BROWARD BLVD.  
SUITE 1000  
FT. LAUDERDALE FL 33394**

**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 NAME STREET ADDRESS CITY-ST-ZIP

**PD SMITH, JAMES  
200 E LAS OLAS BLVD  
FT. LAUDERDALE FL**

☐ DELETE

**D GREENBERGER, SHELDON  
200 E LAS OLAS BLVD  
FT. LAUDERDALE FL**

☐ DELETE

**VP RIEDEL, MARY  
200 E LAS OLAS BLVD  
FT. LAUDERDALE FL**

☐ DELETE

**S GROSS, BONNIE  
200 E LAS OLAS BLVD  
FT. LAUDERDALE FL**

☒ DELETE

**T KISSHAUER, H. T  
200 E LAS OLAS BLVD  
FT. LAUDERDALE FL**

☒ DELETE

**D BARRETT, CHARLES K  
200 E LAS OLAS BLVD  
FT. LAUDERDALE FL**

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

**33301**

☐ Change ☒ Addition

**33301**

☐ Change ☒ Addition

**33301**

☐ Change ☒ Addition

**S Martinez, Michelle Paul  
200 East Las Olas Blvd  
Ft. Lauderdale, FL 33301**

☐ Change ☒ Addition

**T Salvitti, Claire M.  
200 East Las Olas Blvd  
Ft. Lauderdale, FL 33301**

☐ Change ☒ Addition

**D Hampton, Walter P.  
200 East Las Olas Blvd  
Ft. Lauderdale, FL 33301**

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: Claire M. Salvitti, Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-96 (954) 356-4253**

Date

Daytime Phone #

CR2E037 (12/95)