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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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TOUND	DATION FOR SELF HELP, IN	C.						
rincipal Place	e of Business	Mailing Address					BIEIT SIBLE BIBEI	AIRIS BIBII SUBE
C/O W.J. PFAFFENBERGER 631 U.S. HIGHWAY #1. SUITE 410 NORTH PALM BEACH FL 33408		C/O W.J. PFAFFENBERGER 631 U.S. HIGHWAY #1. SUITE 410 NORTH PALM BEACH FL 33408						
					3. Date Incorporated or Ou 08/17/1987	salified 3a.	3a. Date of Last Report 05/01/1995	
<u> </u>	lace of Business	2a. Mailing Address 26			4. FEI Number 59-2859251		<u> </u>	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Des	ired []		Additional Required
City & State	e	City & State			6. Election Campaign Finar	ncing		О Мау Ве
Zip	Country	<b>28</b> Zip	Country		Trust Fund Contribution			d to Fees
<u> </u>	25	29	30		This corporation has liab     Florida Statutes	ity for intangible Yes :		199.032,
	9. Name and Address of Current	t Registered Agent			10. Name and Address of	New Registere	d Agent	
DEAFER	MDEDARA W.I		81	Name				
PFAFFENBERGER, W.J. 631 U.S. HIGHWAY #1		82 Street Ad		ldress (P.O. Box Number is Not Ad	cceptable)			
SUITE 4			83					
	PALM BEACH FL 33408							
			84	City		F	85 Zip	o Code
<ol> <li>Pursuant t or register</li> </ol>	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid	and 617.1508, Florida Statut	tes, the above n	amed corp	oration submits this statement for	the purpose of c	changing its r	egistered offic
familiar wi	th, and accept the obligations of, Section	a. Such change was authori on 617.0503, Florida Statute:		oration's bo	pard or directors, i hereby accept t	ne appointment :	as registered	agent. Fair
familiar wi	tin, and accept the obligations of, Section	on 617.0503, Florida Statute:	zea by the corpo s.	oration's bo		ne appointment :	as registered	agent. ram
GNATURE	titl, and accept the obligations of, Section Section Section (Section Section).	on 617.0503, Florida Statute:	zed by the corpo s. OTE: Registered Agent	oration's bo	ired when reinstahing)	DATE		
GNATURE .	Signature, typed or printed name of registered agent a OFFICERS AND	on 617.0503, Florida Statute:	zea by the corpo s.	egnature requ	ired when reinstating) ADDITIONS/CHANGES	DATE	ND DIRECTO	IRS IN 12
GNATURE .	Signature, typed or printed name of registered agent a OFFICERS AND D LOWERY, A.T.	on 617,0503, Florida Statute: and the fappicatals (No DIRECTORS	OTE: Bogistered Agent	eration's bo	ired when reinstating)  ADDITIONS/CHANGES T	DATE TO OFFICERS AN		
GNATURE	Signature, typed or printed name of registered agent a OFFICERS AND D LOWERY, A.T. 11169 MONET LANE	on 617,0503, Florida Statute: and the fappicatals (No DIRECTORS	OTE: Registered Agent  13. 1.1 TIFLE	signature requi	ADDITIONS/CHANGES TO DC MAMMA EVANS 611 NW SUNSELD	DATE TO OFFICERS AN	ND DIRECTO	IRS IN 12
GNATURE  2.  3.  3.  4.  4.  4.  4.  4.  4.  4.  4	OFFICERS AND LOWERY, A.T.  11169 MONET LANE LAKE PARK FL	on 617.0503, Florida Statute:  and tile if applicatio; (N	OTE: Rogistered Agent  13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY - ST	signature requi	ired when reinstating) ADDITIONS/CHANGES	DATE TO OFFICERS AN	ND DIRECTO	PRS IN 12
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SIGNATURE:

RE AND TYPED ORIPHINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-626-2738 Daytme Phone #