

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 # **N22125** (1)

1. Corporation Name
FARQUHARSON ACLF INC.



Principal Place of Business: **4363 NW 202ST ST. MIAMI FL 33055**
Mailing Address: **4363 NW 202ST ST. MIAMI FL 33055**

3. Date Incorporated or Qualified: **08/19/1987**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **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 **Evelyn Farquharson**
22 **FARQUHARSON ACLF.**
23 **Coral m Fla**
24 **33055**
25 **Dade**
2a. Mailing Address
26 **4363 NW 202ST**
27 **Coral Fla miami**
28 **33055 Dade**
29
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FARQUHARSON, EVELYN
4363 NW 202ST
MIAMI FL 33055

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *Evelyn Farquharson*
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	FARQUHARSON, EVELYN	
STREET ADDRESS	4363 NW 202ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PARKINSON, KEITH	
STREET ADDRESS	4363 NW 202ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD EVELYN FARQUHARSON	<input type="checkbox"/> DELETE
NAME	GILMORE, URIAH	
STREET ADDRESS	4363 NW 202ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FARQUARSON, DAVID	
STREET ADDRESS	4363 NW 202ST	
CITY - ST - ZIP	MIAMI FL	
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	<i>President</i>	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	<i>VD President</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<i>Evelyn Farquharson</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<i>Treasurer</i>	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	<i>SD David Farquharson</i>	<input type="checkbox"/> Change <input checked="" 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	600001797976	
5.4 CITY - ST - ZIP	-04/29/96--01029--022	
5.5 CITY - ST - ZIP	***70.00	
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 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: *Evelyn Farquharson* 4-22-1996 (305) 624-6092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)

4/22/96