


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 12 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N23439** (5)

1. Corporation Name

WILSON BODE FOUNDATION, INC.

Principal Place of Business

**5821 HOLLYWOOD BLVD
HOLLYWOOD FL 33021**

Mailing Address

**5821 HOLLYWOOD BLVD
HOLLYWOOD FL 33021**



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|--|-------------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 11/12/1987 | | 3a. Date of Last Report 10/29/1996 | |
| 21. Suite, Apt. #, etc. | | 26. Suite, Apt. #, etc. | | 4. FEI Number NOT APPLICABLE | | Applied For <input type="checkbox"/> Not Applicable | |
| 22. City & State | | 27. City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23. Zip | | 28. Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24. Country | | 29. Country | | 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

**COMBEST, DOROTHY P
18520 SW 65TH STREET
FT LAUDERDALE FL 33332**

10. Name and Address of New Registered Agent

81. Name **MONA MARSHALL**
82. Street Address (P.O. Box Number is Not Acceptable) **5821 Hollywood Blvd.**
83.
84. City **Hollywood** FL 85. Zip Code **33021**

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KELLER, MD, ROBERT H | 1.2 NAME | |
| STREET ADDRESS | 501 RANCH ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33326 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PATRICK, PHD, CATHERINE W | 2.2 NAME | |
| STREET ADDRESS | 501 RANCH ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33326 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PATRICK, LESLIE C | 3.2 NAME | |
| STREET ADDRESS | 501 RANCH ROAD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33326 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOTTMANN, MD, ARTHUR | 4.2 NAME | |
| STREET ADDRESS | 3131 E ALAMEDA #1301 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DENVER CO 80209 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KIRCHENBAUM, DAVID W | 5.2 NAME | |
| STREET ADDRESS | 3272 HUNTINGTON | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | WESTON FL 33332 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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 in an attachment with an address.

SIGNATURE SIGNATURE REQUIRED

10/12/97 8:11

CR2E037 (4/97)