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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01 1996 8:00 am
Secretary of State

DOCUMENT # N29646

(9)

1. Corporation Name

MACK FOSTER HOME INC.



Principal Place of Business

Mailing Address

C/O MINNIE MACK
2525 NW 159 TERRACE
OPA LOCKA FL 33054

C/O MINNIE MACK
2525 NW 159 TERRACE
OPA LOCKA FL 33054

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACK, MINNIE
2525 NW 159 TERRACE
OPA LOCKA FL 33054

81 Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

33054

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

MACK, MINNIE

STREET ADDRESS

2525 NW 159 TERRACE

CITY - ST - ZIP

OPA LOCKA FL

TITLE

VD

☐ DELETE

NAME

NEWBOLD, LILLIE

STREET ADDRESS

3620 NW 207 STREET

CITY - ST - ZIP

CAROL CITY FL

TITLE

SD

☐ DELETE

NAME

ATKINS, JENNIE

STREET ADDRESS

2565 NW 159 TERRACE

CITY - ST - ZIP

OPA LOCKA FL

TITLE

T

☐ DELETE

NAME

WILLIAMS, HELLEN

STREET ADDRESS

2520 NW 159 TERRACE

CITY - ST - ZIP

OPA LOCKA FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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NAME

STREET ADDRESS

CITY - ST - ZIP

11 TITLE

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13 STREET ADDRESS

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54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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:

LILLIE NEWBOLD Lillie Newbold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/91 1251/217739

CR2E037 (12/95)