

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29646 (9)
 Corporation Name
MACK FOSTER HOME INC.



Principal Place of Business C/O MINNIE MACK 2525 NW 159 TERRACE OPA LOCKA FL 33054	Mailing Address C/O MINNIE MACK 2525 NW 159 TERRACE OPA LOCKA FL 33054
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3. Date Incorporated or Qualified 12/12/1988	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**MACK, MINNIE
2525 NW 159 TERRACE
OPA LOCKA FL 33054**

10. Name and Address of New Registered Agent
 81 Name **Minnie Mack**
 82 Street Address (P.O. Box Number is Not Acceptable) **2525 NW 159 Terr**
 83
 84 City **Opa Locka** **FL** 85 Zip Code **33054**

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 **Minnie Mack** (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE **2/12/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACK, MINNIE	1.2 NAME	
STREET ADDRESS	2525 NW 159 TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	OPA LOCKA FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWBOLD, LILLIE	2.2 NAME	
STREET ADDRESS	3620 NW 207 STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	CAROL CITY FL	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINS, JENNIE	3.2 NAME	
STREET ADDRESS	2565 NW 159 TERRACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	OPA LOCKA FL	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, HELEN	4.2 NAME	
STREET ADDRESS	2520 NW 159 TERRACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	OPA LOCKA FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 on an attachment with an address.

SIGNATURE: **HELEN WILLIAM** **2/12/98 (305) 621-7239**

CR2E037 (10/97)