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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Jan 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N31208

(4)

HOOF & HALTER FOUNDATION OF FLORIDA, INC.

11001	A HALTEN TOUNDATION OF	TEORIDA, INO							
Principal Place	of Business	Mailing Address				(1881) 1881 1881	1811 91911 919	/I WHEAT WINDS #31	111 010 11 1001
14151 S.W. 26 S DAVIE FL 33325	STREET	14151 S.W. 26 STREET DAVIE FL 33325-5008							
						3. Date incorporated or Qualified 03/15/1989	3a. Da	ite of Last R 07/30/199	eport)6
2, Principal Pla 21	ace of Business	2a. Mailing Address			4. FEI Number 65-0140560			plied For of Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	<u> </u>
22		27						Fee Re	····
City & State)	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	<u> </u>		Cour	ntry	The composition has have a real and a real a			. 199.032,	
24	25 29 30 9. Name and Address of Current Registered Agent			Florida Statutes Yes No					
	9. Name and Address of Current	Hegistered Agent		81	Name	10. Name and Address of New H	egistered /	Agent	
WARNER, JACK D.									
	RLING ROAD		82			ss (P.Ö. Box Number is Not Accepta	ble)		
DAVIE FL	. 33314			83					
				84	City		FL	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 _	Signature, typed or printed name of registered eigent	71VC	rr. 0:		ni signature required		DATE		
12.	OFFICERS AND		13.	Agei	ii signature redonet	ADDITIONS/CHANGES TO OFF		DIRECTOR	S IN 12
TITLE	ED	DELETE	1.1 TIT	LE				Change	Addition
NAME	SCHUPOLSKY, JAMES W		1.2 NAM						,
STREET ADDRESS	14151 SW 26 ST.		1.3 ST	REET #	ADDRESS				
CITY-ST-ZIP	DAVIE FL		1.4 CH	IY-ST	r-ZIP				
TITLE	D	☐ DELETE	21 TIT	LE				Change	Addition
NAME	BOWERS, CLAUDIA		22 NA	ME					
STREET ADDRESS	1223 OLD CARROLLTON RD		2351	REET A	ADDRESS				
CITY - ST - ZIP	DOUGLASVILLE GA	FT	2 4 CI		Y-ZIP				
TITLE	D	☐ DELETE	31 TIT						Addition
NAME	MORAN, TERRY			32 NAME					
STREET ADDRESS	14151 SW 26TH ST.				ADDRESS				
CITY - ST - ZIP	DAVIE FL	DELETE	3.4. CI		T-ZIP			Change	Addition
TITLE	D Daimler, Carol	☐ DETEIG	4.1 (1)					L Criange	LT VOCITION
NAME	3700 W 6TH LANE		4.2 N/		4000500	•			
STREET ADDRESS	HIALEAH FL				ADDRESS				
CITY-ST-ZIP TITLE	D D	DELETE	4.4 CIT 5.1 TIT		1 - ZIP			Change	Addition
NAME	MORAN, YVONNE G. DR	ביין סנננינ	5.2 NA					ET Sumilie	
STREET ADDRESS	14151 SW 26 ST				ADDRESS				
	DAVIE FL		5.4 CI						
CITY - ST - ZIP TITLE	DATE 16	DELETE	6.1 TIT		1-215			Change	Addition
NAME			6.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 CI						
14. I do hereb	by certify that the information supplied		ify for the	exer	nption stated				
information Lam an of	n indicated on this annual report or sufficer or director of the corporation or t	pptemental annual report is the receiver or trustee empor	true and a vered to e	XOCU	rate and that r ute this report	ny signature shall have the same leg as required by Chapter 617, Florida	jai effect as Statutes; a	if made und nd that my r	der oath; that name