

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 23 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N33369 (2)

1. Corporation Name

THE SAINT LUCIA ISLAND FOUNDATION, INC.

Principal Place of Business

Mailing Address

1000 NORTHEAST 73RD STREET  
MIAMI FL 33138  
US

1000 NORTHEAST 73RD STREET  
MIAMI FL 33138  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/24/1989

3a. Date of Last Report  
08/11/1994

4. FEI Number  
NOT APPLICABLE

Applied For  
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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status ☒

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENDRICK, DENNIS P.  
9500 W. BAY HARBOR DR., 4-A  
MIAMI FL 33154

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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  
NAME KENDRICK, DENNIS P.  
STREET ADDRESS 9500 W. BAY HARBOR DR 4A  
CITY-ST-ZIP MIAMI FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME MCMANUS, F. SHIELDS  
STREET ADDRESS 3716 SW BRASSIE WAY  
CITY-ST-ZIP PALM CITY FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD  
NAME JOHN, BRUNO D.  
STREET ADDRESS 130 WILLOW DR.  
CITY-ST-ZIP HARTLAND, WI

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE CD  
NAME FELIX, KELVIN  
STREET ADDRESS ARCHDIOCESE OF CASTRIES  
CITY-ST-ZIP ST LUCIA, W. INDIES

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD  
NAME JOHN, EMILY, PH.D  
STREET ADDRESS 1000 NORTHEAST 73RD STREET  
CITY-ST-ZIP MIAMI FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ 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 110.07(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:

DR. Emily R. John  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR. Emily John

3/14/95

(305)  
759-3005