FILE NOW: FILING FEE IS \$61.25					FILED	
NONPROFIT CORPORATION			FLORIDA DEPARTMENT OF STATE		Feb 04 1	997 8:00am
ANNUAL REPORT			Secretary of State			ary of State
1997		A 20 12 1 10	DIVISION OF CORPORATIONS			ary of State
DOCUN 1. Corporation	Name	N34899	(7)			
THE W	INSTON CHUR	RCHILL FOUND/	TION, INC.			
Principal Place of Business Mailing Address CORPORATION SERVICE CO. CO.						, 1994, Alari Arak Alari Arak Arak Arak
** COnformation Service CO. ** Conformation Service CO. P.O. BOX 591 P.O. BOX 591 WILMINGTON DE 19899 WILMINGTON DE 19899-0591					· · · · · · · · · · · · · · · · · · ·	
					3. Date Incorporated or Qualified 10/26/1989	3a. Date of Last Report 02/09/1996
2. Principal Pia	ace of Business		2a. Mailing Address		4. FEI Number 59-3005865	Applied For Not Applicable
Suite, Apt. 4	ŧ, elc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required
City & State	,		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip		untry	Zip	Country	Trust Fund Contribution 8. This corporation has liability for	intangible tax under s. 199,032,
24	9. Name and Ac	dress of Current Re		30	Florida Statutes	gistered Agent
CORPOR	RATION SERVICE	COMPANY		81 Name 82 Street Add		
COHPORATION SERVICE COMPANY 82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET 83 TALLAHASSEE FL 32301 83						
	400EC FL 32301			84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
11. Pursuant to	o the provisions of	Sections 617.0502 an	d 617.1508, Florida Statute	es, the above-named cor	poration submits this statement for the p tion's board of directors. I hereby acce	FL es zh cous
agent. I ar	n familiar with, and	accept the obligation	s of, Section 617.0503, Flo	rida Statutes.	non's board of directors. Thereby acce	pi the appointment as registered
	Signature, typed or printed	name of registered agent and OFFICERS AND DI	**************************************	Registered Agent signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFIC	
TITLE	D ECNITONI MEN		DELETE	1.1 TITLE	akking ()	CERS AND DIRECTORS IN 12
NAME STREET ADDRESS	FENTON, WER			1.2 NAME 1.3 STREET ADDRESS		1031
CITY-ST-ZIP	WILMINGTON	DE		1.4 CITY-ST-ZIP		
TITLE NAME	d Loeb, John I	1 412	DELETE	2.1 TITLE 2.2 NAME		Change Addition O
STREET ADDRESS	375 PARK AV			2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK N	Υ		2.4 CITY-ST-ZIP		
TITLE			DELETE	3.1 TITLE		Change Addition
NAME STREET ADDRESS	EPSTEIN, HAF 75 E. END AV			3.2 NAME 3.3 STREET ADORESS		
CITY-ST-ZIP	NEW YORK N			3.4. CITY-ST-ZIP		
TAILE			DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS				4. 2 NAME		
STREET ADDRESS CITY - ST - ZIP				4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE			DELETE	5.1 TITLE	······································	Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		
CITY-ST-ZIP				6.4 CITY - ST - ZIP		
14. I do hereb information I am an of appears in	by certify that the inf n indicated on this a ficer or director of t n Block 12 or Block	ormation supplied will annual report or supp he corporation or the 13 if changed, or on	In this filing does not qualif lemental annual report is tr receiver or trustee empow an attachment with an add	y for the exemption state ue and accurate and tha ered to execute this repo ress.	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same legi nt as required by Chapter 617, Florida S	 I further certify that the at effect as if made under oath; that Statutes; and that my name
SIGNAT						997 (302)651-7668