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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # N35304 (7) THE DEBORAH HEARST GAY FOUNDATION, INC.					1711 17411 ANNI 87411 DIG	ir Bjøg Bibli 1881
Principal Place of Business Mailing Address 200 SOUTH BISCAYNE BLVD 200 SOUTH BISCAYNE 50TH FLR 50TH FLR MIAMI FL 33131-2352 MIAMI FL 33131-2352			BLVD			
				Date Incorporated or Qualified	3a. Date of Lasi	Pervit
				11/15/1989	04/05/	
2. Principal PI 21	Place of Business 2a. Mailing Address 26			4. FEI Number		Applied For
	uite, Apt. #, etc. Suite, Apt. #, etc.			65-0156567	\$9.7	Not Applicable
22		27		5. Certificate of Status Desired		5 Additional Required
City & State	ė	City & State		Election Campaign Financing Trust Fund Contribution		May Be
Zip 24	Country 25	Z _I p	Country	8. This corporation has liability for in	itangible tax under s	ed to Fees . 199.032,
[4]	9. Name and Address of Curre		30	Florida Statutes 10. Name and Address of New Re	Yes No	
KLINE, CHARLES C. C/ 200 SOUTH BISCAYNE BOULEVARD MIAMI FL 33131			81 Name 82 Street Arts 83 84 Orty	ress (P.O. Box Number is Not Acceptable		p Code
familiar wit	th, and accept the obligations of, Sec Signature transfor printed name of registered ages	tion 617.0503, Florida Statutes.	to by the corporation's boa	ration submits this statement for the purp and of directors. I hereby accept the appoint		registered office I agent. I am
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	DRS IN 12
NAME	DP GAY, DEBORAH HEARST C/	DELETE O WHITE & CARE	1.1 TITLE 1.2 NAME		Change	Control Addition
STREET ADDRESS CITY-S1-ZIP	200 SO. BISCAYNE BLVD. 5		1.3 STREET ADURESS			
TITLE	DVP	DELETE	2 1 TITLE		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	GAY, JOHN JR C/O WHITE 200 S. BISCAYNE BLVD. 50' MIAMI FL		2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST ZIP			
TITLE	DS	□ DELETE	3 1 71716		☐ Change	Addition
NAME STREET ADDRESS CITY+ST-ZIP	HADDEN, DAVID JC ONE COMMERCIAL PLAZA HARTFORD CT		3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST. ZIP			
TITLE NAME	dt Harris, Henry U. C/O wh		4 ' Trîlê 4 2 NAME		Change	Addition
STREET ADDRESS CITY-ST-ZIP	200 SOUTH BISCAYNE BLVI MIAMI FL	D. 50TH FLR	4.3 STREET ADDRESS 4.4 CHY-ST-ZIP			
TITLE NAME STREET ADDRESS		DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS		☐ Change	Addition
CITY - ST - ZiP			5 4 CITY - ST - 2IP			
TITLE NAME		DELETE	6.1 TITLE 6.2 NAME		Change	Addition
STREET ADDRESS CITY-SI-ZIP			6.3 STREET ADDRESS 6.4 City-St-Zip			
14. I do hereby certify that oath; that I		pration or the receiver or trustee	shed and does not qualify fi al report is true and accura empowered to execute thi	or the exemption stated in Soction 119.07 te and that my signature shall have the sa s report as required by Chapter 617, Flori		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN Gay, Jr. Day Dayton Printed In Printed