

FILE NOW: FILING FEE IS \$61.25

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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35910 (1)

1. Corporation Name

SOUTH FLORIDA NATIONAL GUARD FAMILY SUPPORT FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O JOSE O. MORIN
700 NW 28TH STREET (NG ARMORY)
MIAMI FL 33127-096
US

C/O JOSE O. MORIN
700 NW 28TH STREET (NG ARMORY)
MIAMI FL 33127-4044
US



3. Date Incorporated or Qualified 12/26/1989
3a. Date of Last Report 02/09/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0161527		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fees Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

MORIN, JOSE O
700 NW 28TH STREET
NG ARMORY
MIAMI FL 33127-4096

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 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 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 MORIN, JOSE O. <input type="checkbox"/> DELETE	1.1 TITLE	MD JOSEPH DWYER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORIN, JOSE O.	1.2 NAME	JOSEPH DWYER
STREET ADDRESS	700 NW 28TH STREET	1.3 STREET ADDRESS	700 NW 28 STREET
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL.
TITLE	TD FEDERELLA, BERNARD <input type="checkbox"/> DELETE	2.1 TITLE	MD BRENDA TOBAR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEDERELLA, BERNARD	2.2 NAME	BRENDA TOBAR
STREET ADDRESS	700 NW 28 ST	2.3 STREET ADDRESS	700 NW 28 Street
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL.
TITLE	MD ALLEN, CHARLIE <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, CHARLIE	3.2 NAME	
STREET ADDRESS	700 NW 28TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SD GIBBONS, THOMAS E <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBONS, THOMAS E	4.2 NAME	
STREET ADDRESS	700 NW 28TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VD ZAYAS, CARLOS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAYAS, CARLOS	5.2 NAME	
STREET ADDRESS	700 NW 28 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	500002118395 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-03/19/97--01109--034
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 _____ 12 Mar 1997 (RAC) 637-260

CR2E037 (9/96)