FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # N36761

(7)

1. Corporati	IOT INDITIO						İ			
CALV	ARY FOUNDATION, INC.						1 HEALINGH BEAL MUNG BINNI NESIA BINS	 } 61 8 8 1 1	6)(6)(6) 6)	
Principal Pla	ace of Business	Mailing Add	free							
·		ŭ								
9311 N.W. 38' SUNRISE FL :		9311 N.W. 38 Sunrise Fl								
							3. Date Incorporated or Qualified	3a. [ate of Last R	
							02/21/1990		04/08/199	3 6
	Prace of Business	2a, Mailing	Address				4. FEI Number 65-0187727		h	plied For
21 Suite An	J # ote	26 Suite A	nt # etc			···	05/0101721		\$8.75 A	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			pt. 11, Oto.				5. Certificate of Status Desired		Fee Re	
City & Sta	ale	City & S	tate			•	6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added t	
Zip □	Country	Zip		Count	itry		8. This corporation has liability for	rintangibli ☐ Yes		199.032,
24	25 9. Name and Address of Curr	29 ent Registered Ag	ent	30	.—.		Florida Statutes 10. Name and Address of New R	=		
				8	81	Name				
CORPORATION COMPANY OF MIAMI					B2	Street Addre	Address (P.O. Box Number is Not Acceptable)			
100 CHOPIN PLAZA					\perp	Oli Bol i ladic	See (C. e. Box (Gambo) to Not Not Optic		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	
SUITE 1600				[8	B3					
MIAMI FL 33131				8	84	City			85 Zip (Code
44 6 0		100 - 1017 1500	Circle Control					FL	<u> </u>	
office of	r registered agent, or both, in the Sta	ite of Florida, Such	change was	authorized	by th	he corporati	oration submits this statement for the on's board of directors. I hereby according	purpose i	pointment as	registered
		ligations of, Section	617.0503, FI	orida Statut	ites.		•			
SIGNATURE	Signature, typod or profes name of registered	agent and title if applicable	(NO1	E Registered A	Agent	signature require	ed when rainstating)	DATE		,
12.	OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	OS		DELETE	1.1 1/11	E				Change	Addition
NAME	GAROFOLO, PAUL			1.2 NAM	ΑE	ļ				
STREET ADDRESS				1.3 STRE		1				
CITY-SI-7IP	PLANTATION FL		DOLETE	1.4 CITY		ZIP			Change	Addition
TiTLE	1	DPT DELET		2.1 TITL		Į.			∐ Change	L ADDITION
NAME STREET ADDITION	FROST, GORDON W. 9311 N.W. 38TH PLACE			2.2 NAM 2.3 STRE		NORTHER .				
STREET ADDRESS CITY - ST - ZIP	SUNRISE FL			2.4 CITY		1				
Tilde	D		DELETE	3.1 TITLE		· Zar			☐ Change	Addition
NAME	MACRAE, RONALD		_	32 NAM	νE	j			"	
STREET ADDRESS	1444 0141 40711 07			3.3 STR6	REET AD	DORESS				
CITY-ST-ZIP	FT LAUDERDALE FL			3.4. CIT	Y-ST-	ZIP				
TITLE	D		DELETE	4.1 TITL	.E				Change	Addition
NAME	BELL, NORMAN	T	10	4. 2 NAN	ME					
STREET ADDRESS	s 7911 MONCUR DRIVE	Decas	المكا	4.3 STRE	EET AL	DDRESS				
CITY - ST- ZIP		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								
	HOUSTON TX		<u>. </u>	4.4 CITY		ZIP			17 86	1 222
TITLE	HOUSTON TX		DELETE	5.1 TITU	LE	ZIP			Change	Addition
NAME:	HOUSION IX		<u>. </u>	5.1 TITU 5.2 NAM	VIE VIE				Change	Addition
NAME STREET ADDRESS	HOUSION IX		<u>. </u>	5.1 TITU 5.2 NAM 5.3 STRE	LE Me Reet al	DORESS		,, ,++	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-Z-P	HOUSION IX	Ī	DELETE	5.1 TITU 5.2 NAM 5.3 STRE 5.4 CITY	LE ME REET AL Y-ST-	DORESS				
NAME STREET ADDRESS CITY-ST-Z-P TITLE	HOUSION IX	Ī	<u>. </u>	5.1 TITU 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITU	LE Me Reet al Y-ST- Le	DORESS			☐ Change	
NAME STREET ADDRESS CITY-ST-Z-P TITLE NAME	HOUSION IX	Ī	DELETE	5.1 TITU 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITU 6.2 NAM	le Me Reet al Y-St- Le	DORESS ZIP				
NAME STREET ADDRESS CHY-ST-ZP TITLE	HOUSION IX	Ī	DELETE	5.1 TITU 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITU	LE ME REET AL Y-ST- LE ME REET AL	DORESS ZIP				Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-97

FILED

Mar 20 1997 8:00am

Secretary of State

Daytimo Phone # 0037651