

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION ✓
ANNUAL REPORT
1996



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

FILED
Mar 19 1996 8:00 am
Secretary of State

DOCUMENT # N37858 (0)
1. Corporation Name
LUTHER CAMPBELL CHARITABLE FOUNDATION, INC.



Principal Place of Business Mailing Address
% LUKE, INC.
8400 NE 2ND AVE
MIAMI FL 33138

3. Date Incorporated or Qualified 04/25/1990
3a. Date of Last Report 11/29/1995
4. FEI Number 65-0184994
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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 28 Zip
24 Country 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUKE, INC.
8400 NE 2ND AVE
MIAMI FL 33138

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 then applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

1/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS CAMPBELL, LUTHER
CITY-ST-ZIP 8400 NE 2ND AVE
MIAMI FL
TITLE ☒ DELETE
NAME D
STREET ADDRESS HOPKINS, MICHAEL
CITY-ST-ZIP 8400 NE 2ND AVE
MIAMI FL
TITLE ☒ DELETE
NAME D
STREET ADDRESS BENNETT, DEBBIE
CITY-ST-ZIP 8400 NE 2ND AVE
MIAMI FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME 400001749201
2.3 STREET ADDRESS -03/19/96--01075--026
2.4 CITY-ST-ZIP ***61.25
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☒ Addition
4.2 NAME D
4.3 STREET ADDRESS Bernard (Chico) Veargis
4.4 CITY-ST-ZIP 8400 NE 2 Avenue
Miami, FL 33138
5.1 TITLE ☐ Change ☒ Addition
5.2 NAME D
5.3 STREET ADDRESS Jerry Parker
5.4 CITY-ST-ZIP 8400 NE 2 Avenue
Miami, FL 33138
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/96 (305) 7591969

CR2E037 (12/95)