

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

DOCUMENT # N37889

(5)

1. Corporation Name

DON SHULA FOUNDATION, INC.



Principal Place of Business

% CHARLES O. MORGAN, JR.  
1300 N.W. 167TH ST.  
MIAMI FL 33169

Mailing Address

% CHARLES O. MORGAN, JR.  
1300 N.W. 167TH ST.  
MIAMI FL 33169

3. Date Incorporated or Qualified  
04/30/1990

3a. Date of Last Report  
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0192721

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORGAN, CHARLES O JR  
1300 N.W. 167TH ST  
MIAMI FL 33169

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 S ☐ DELETE  
NAME HORTON, LAURA M.  
STREET ADDRESS 1300 N.W. 167TH ST.  
CITY-ST-ZIP MIAMI FL 33169

1.1 TITLE T Intercontinental Bank ☐ Change ☒ Addition  
1.2 NAME William Allen  
1.3 STREET ADDRESS 200 S.E. 1st Street, Suite 804  
1.4 CITY-ST-ZIP Miami, FL 33131

TITLE T ☐ DELETE  
NAME STANTON, WILLIAM  
STREET ADDRESS 3041 WEST LANE KEYS  
CITY-ST-ZIP WASHINGTON DC 20007

2.1 TITLE T ☐ Change ☒ Addition  
2.2 NAME Robert Giese  
2.3 STREET ADDRESS 3250 Mary Street Suite 201  
2.4 CITY-ST-ZIP Miami, FL 33133

TITLE EDT ☐ DELETE  
NAME MORGAN, CHARLES O JR  
STREET ADDRESS 1300 N.W. 167TH ST.  
CITY-ST-ZIP MIAMI FL 33169

3.1 TITLE T ☐ Change ☒ Addition  
3.2 NAME David Shula  
3.3 STREET ADDRESS 200 Riverfront Stadium  
3.4 CITY-ST-ZIP Cincinnati, Ohio 45242

TITLE TT ☐ DELETE  
NAME HOGUE, CHARLES  
STREET ADDRESS 5401 N. 36TH COURT  
CITY-ST-ZIP HOLLYWOOD FL 33021

4.1 TITLE T ☐ Change ☒ Addition  
4.2 NAME Sandra G. Younts  
4.3 STREET ADDRESS 7601 Miami Lakes Drive  
4.4 CITY-ST-ZIP Miami Lakes, FL 33014

TITLE PT ☐ DELETE  
NAME SHULA, DONALD F  
STREET ADDRESS 7500 SW 30TH ST  
CITY-ST-ZIP DAVIE FL

5.1 TITLE PT ☒ Change ☐ Addition  
5.2 NAME Donald F. Shula  
5.3 STREET ADDRESS 16 Indian Creek Island  
5.4 CITY-ST-ZIP Miami Beach, FL 33154

TITLE VT ☐ DELETE  
NAME SHULA, MICHAEL  
STREET ADDRESS 242 BRAXTON WAY  
CITY-ST-ZIP GRAYSLAKE IL

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS add zip code  
6.4 CITY-ST-ZIP 60030

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 #

CP2E037 (12/95)