

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN - 8 AM 9: 38

DOCUMENT # **N38726** (8)
1. Corporation Name

INTERNATIONAL RELIEF FOR SOUTH AFRICA, INC.

Principal Place of Business Mailing Address
300 ANGELA DRIVE BRANDON FL 33511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/21/1980** 3a. Date of Last Report **12/23/1994**
4. FEI Number **59-3015261** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **1110 RIFLECREST AV.** 26 **P.O. BOX 1364.**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 **VALARCO FL** 28 **BRANDON FL**
24 **33594** 25 **HILLS** 29 **33509-1364** 30 **HILLS**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
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

BADENHORST, MARLENE
300 ANGELA DRIVE
BRANDON FL 33511

81 Name **BADENHORST, MARLENE**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **1110 RIFLECREST HW.**
84 City **VALARCO FL** 85 Zip Code **33594**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 607.0505, Florida Statutes.

SIGNATURE *M. Badenhorst*

JUNE 5 1995

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **BADENHORST, M.L. DR.**
STREET ADDRESS **300 ANGELA DRIVE**
CITY-ST-ZIP **BRANDON FL**

TITLE **D**
NAME **GREEN, PEARRY**
STREET ADDRESS **8700 EAST EAGLE FEATHER**
CITY-ST-ZIP **TUSCON AZ**

TITLE **DV**
NAME **RICHARDSON, CARL H.**
STREET ADDRESS **304 EAST LUMSDEN ROAD**
CITY-ST-ZIP **BRANDON FL**

TITLE **DS**
NAME **BADENHORST, MARLENE**
STREET ADDRESS **300 ANGELA DRIVE**
CITY-ST-ZIP **BRANDON FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **DP** Change Addition
1.2 NAME **BADENHORST M.L. DR.**
1.3 STREET ADDRESS **1110 RIFLECREST AV.**
1.4 CITY-ST-ZIP **VALARCO FL. 33594.**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **DS** Change Addition
4.2 NAME **BADENHORST, MARLENE.**
4.3 STREET ADDRESS **1110 RIFLECREST AV.**
4.4 CITY-ST-ZIP **VALARCO. FL. 33594.**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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 110.07(3)(b), 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: *M. Badenhorst* **MARTINUS L. BADENHORST**

JUNE 5, 1995

813-654-7566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #