FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46653

(4)

MCINTYRE FOUNDATION, INC.

Principal Plac	e of Business	Mailing Address						B 1011 B1011 B10	ill Beber bibli bi	SII BIBII IBBI
10235 W. SAMPLE RD. SUITE 103 CORAL SPRINGS FL 33065		10235 W. SAMPLE RD. SUITE 103 CORAL SPRINGS FL 33065-3980								
			PATE - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				3. Date Incorporated or Qualified 12/31/1991	3a, Da	ate of Last R 03/20/199	eport 36
Principal Place of Business		2a. Mailing Address 26				4. FEI Number 65-0308008		Applied For Not Applicable		
Suite, Apt #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re		
City & Stat	e	City & State	•				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country 25	Zip 29	30	Country			This corporation has liability for Florida Statutes			
571	9. Name and Address of Current			L			10. Name and Address of New F			
·····				81	Name		10. The state of the state of the state of	09.00.00	- Serie	
	HARLES S., JR. CYPRESS CREEK RD.			82	Street	Addres	ss (P.O. Box Number is Not Accepte	able)		
	DERDALE FL 33309			83					<u></u>	
				84	City			FL	85 Zip (Code
11. Pursuant office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State or m familiar with, and accept the obliga	and 617.1508, Florida, Such chartions of Section 61	rida Statutes, t inge was authorida	he above	named the corp	corpoi	ration submits this statement for the n's board of directors. I hereby according to the control of the control	purpose of	changing its	s registered registered
SIGNATURE	with and accept the conga	norts of, occition of		· Olaluto						
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable.	(NOTE: Reg	gistered Age	nt signature	perluper	when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	S IN 12
TITLE	D		DELETE	1.1 TITLE					Change	Addition
NAME	Parks, Marlene			1.2 NAME						
STREET ADDRESS	10235 W SAMPLE RD #103			1.3 STREET	ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL			1.4 CITY-S	T-ZIP					
TITLE	D		DELETE	21 TITLE					Change	☐ Addition
NAME	BROWN, LINDA			22 NAME						
STREET ADDRESS	10235 W SAMPLE RD #103			2.3 STREET	ADDRESS	İ				
CITY - ST - ZIP	CORAL SPRINGS FL			2.4 CITY-5	ST-ZIP					
TITLE	D	□ I	DELETE	3.1 TITLE					Change	Addition
NAME	TURPEL, NANCY			3.2 NAME						
STREET ADDRESS	20889 ENCANTO COURT			3.3 STREET	address					
CITY-ST-ZIP	BOCA RATON FL			3.4. CITY - S	T-ZIP					
TITLE	D	☐ f	DELETE	4.1 TITLE					Change	☐ Addition
NAME	CHARLES E. MCINTYRE			4. 2 NAME						
STREET ADDRESS	10235 W SAMPLE RD.			4.3 STREET	ADDRESS					j
CITY-ST-ZIP	CORAL SPRINGS FL			4.4 CITY - S	T-ZIP					
TITLE	D		DELETE	5.1 TITLE					☐ Change	Addition
NAME	COX, KAREN			5.2 NAME						
STREET ADDRESS	10235 W SAMPLE RD.			5.3 STREET	ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL			5.4 CITY - S	T-ZIP					
TITLE	D		DELETE	6.1 TITLE			. — .		Change	Addition
NAME	HAKEMIAN, CAROL			6.2 NAME						
STREET ADDRESS	10235 W SAMPLE RD.			6.3 STREET	ADDRESS					
	FIGURE COUNTY EI					1				

14. I do hereby certify that the information supplied with this filling 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.