## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

POCU I. Corporatio	MENT # N4665	3 (4)			
MCINTYRE FOUNDATION, INC.					
•					
Principal Plac	e of Business	Mailing Address			I REDIKIDI EKI BIDIN BIKIN DIRIK BIKIN DIRIK BIDIK BIDIK DIRIK BIDIK BIDIK BIDIK BIDIK BIDIK BIDIK BIDIK
10235 W. SAMP	PLE RD.	10235 W. SAMPLE RD.			3. Date Incorporated or Qualified
SUITE 103		SUITE 103			12/31/1991
CORAL SPRINGS FL 33065		CORAL SPRINGS FL 33065			4. FEI Number Applied For
2. Principal Place of Business					65-0308008 Not Applicable
	Place of Business	2a. Mailing Address			5. Certificate of Status Desired S8.75 Additional Fee Regulred
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	****		6. Election Campaign Financing \$5.00 May Be
22		27			Trust Fund Contribution Added to Fees
City & State	9	City & State	City & State		7. Is this nonprofit corporation a homeowners association?
23 Zin	Country	28 Country			☐ Yes 📝 No
Zip	Country 25	Zip	Count	try	8. This corporation owes or has paid the currept year Intangible Personal Property Tax due June 30. Yes No
24	9. Name and Address of Curren	29 29 at Registered Agent	[30]		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
··			8	Name	
DALE, CI	HARLES S., JR.		-	32 Street A	Address (P.O. Box Number is Not Acceptable)
	CYPRESS CREEK RD.		[ ا	Z Shear	(ddress (P.O. box Number is Not Acceptable)
FT. LAUDERDALE FL 33309			8	3	
			8	14 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statu	ites, the abo	ve-named c	corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State	of Florida, Such change was	authorized	by the corpo	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	itt (bittiinia mitti, aine sooopi are oorge	mona of, boomen of riboss, i	IOIIOa otatat	<del>0</del> 3.	
	Signature, typed or printed name of registered ager			gent signature re	required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DADVE MADIENIE	☐ DELETÉ	1.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	PARKS, MARLENE 10235 W SAMPLE RD #103		1.2 NAM	- 1	
CITY-ST-ZIP	CORAL SPRINGS FL			ET ADDRESS	
TITLE	D D	☐ DELETE	1.4 CITY 2.1 TITLE		Change Addition
NAME	BROWN, LINDA		2.2 NAMI	- 1	
STREET ADDRESS	10235 W SAMPLE RD #103			ET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL			Y-ST-ZIP	
TITLE	0	☐ DELETE	3.1 TITLE		.c Change Addition
NAME	TURPEL, NANCY		3.2 NAM	ε	
STREET ADORESS	20889 ENCANTO COURT		3.3 STRE	EET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	- DELETE		-ST-ZIP	D 0.
TITLE	D CHARLES E MONTYDE	☐ DEL <b>£</b> TE	4.1 TITLE		☐ Change ☐ Addition
NAME CTREET ADDRESS	CHARLES E. MCINTYRE		4. 2 NAM		,
STREET ADDRESS	10235 W SAMPLE RD. CORAL SPRINGS FL			ET ADDRESS	
CITY-ST-ZIP TITLE	D	DELETE	4.4 CITY 5.1 T(TLE		Change Addition
NAME	COX, KAREN		5.1 HILE 5.2 NAME	ł	onengo
STREET ADDRESS	10235 W SAMPLE RD.			ET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		5.4 CITY		
TITLE	D	☐ DELET€	6.1 TITLE		☐ Change ☐ Addition
NAME	HAKEMIAN, CAROL		6.2 NAME	E	<del>!</del>
STREET ADDRESS	10235 W SAMPLE RD.		6.3 STRE	ET ADDRESS	
CITY ST. 7IP	CORAL SPRINGS FI		6.4 CITY	. ST. 7iP	

SIGNATURE:

STATES OF STREETS OF S

14. It strains 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as it 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 817. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**FILED** 

Feb 05 1998 8:00am

Secretary of State