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NONPROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE: \_\_



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

DOCUMENT # N47126

1. Corporation Name

(0)

THE MANCHIONEAL CHILDREN'S FUND, INC.						1848 8141 91911 81811 81814 818	
Principal Place	e of Business	Mailing Address		- <del>-</del>		1810 BAA BABA BABA BABA BABA	
20031 SW 112TH AVE 20031 SW 112TH AVE MIAMI FL 33189 MIAMI FL 33189			:				
				<b>3</b> . D	ate Incorporated or Qualifier 01/30/1992	3a. Date of Las	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FI	El Number	1 30,0 1,	Applied For
Suite, Apt.	# oto	26			65-0310493		Not Applicable
2	#, etc.	Suite, Apt. #, etc.		5. C	ertificate of Status Desired		5 Additional
City & State	ө	City & State		- F.	oction Compaign Financian	<del></del>	Required
3		28		- 1	ection Campaign Financing rust Fund Contribution		O May Be od to Fees
Zip	Country	Zip	Country		nis corporation has liability for		
4	25 9. Name and Address of Currer	29	30	FI	orida Statutes	Yes <b>O</b> No	
	5. Name and Address of Correr	it Registered Agent	81 Name		ame and Address of New	Registered Agent	
MCKENZ	ZIE, LUTHER		81 Name				
	W 112TH AVE		82 Stree	Address (P.O.	Box Number is Not Accept	able)	
. MIAMI FI	–		83				
,		)					
		j	84 City			FL 85 Zi	p Code
I1. Pursuant t	to the provisions of Sections 617.0502 ed agent, or both, in the State of Figir	and 617.1508, Florida Statut	tes, the above named o	orporation sub-	mits this statement for the p		registered office
familiar wit	ed agent, or both, in the State of Floric th, and accept the obligations of Secti	da. Such change was authori: ion 617.0503, Flooda Statute:	zed by the corporation's s.	board of direc	tors. I hereby accept the ap	pointment as régistered	l agent. I am
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GNATURE	-718fee	- Color			<u>ئ</u> - ي	75-52	
IGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (No	OTE: Registered Agent signature		م- <i>اگ</i> د	25-96 DATE	
ignature _	OFFICERS AND	and title if applicable. (No	OTE: Registered Agent signature	required when reinsta	ahngi DDITIONS/CHANGES TO OI	DATE	DRS IN 12
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3-25-96 Daytime Phone #