

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N47525 (3)

1. Corporation Name

THE FAMILY FOUNDATION, INCORPORATED



Principal Place of Business

Mailing Address

~~180 NW 178 STREET~~
~~305~~
~~MIAMI FL 33109~~
~~US~~

P.O. BOX 552552
MIAMI FL 33055
US

3. Date Incorporated or Qualified
02/24/1992

3a. Date of Last Report
08/10/1995

2. Principal Place of Business

2a. Mailing Address

21 850 N. Miami Ave

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 506 W

27

City & State

City & State

23 Miami

28

Zip

Country

Zip

Country

24 33134

25 USA

29

30

4. FEI Number
65-0295838

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

BAXTER, DARYL K.
2130 STATE SERVICE ROAD N.W.
MIAMI FL 33054

81 Name Darryl K. Baxter
82 Street Address (P.O. Box Number is Not Acceptable)
850 N. Miami Ave
83 506 W
84 City Miami FL 85 Zip Code 33134

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	DFF SCHAPS, SANDY	1444 BISCAYNE BLVD MIAMI FL		<input checked="" type="checkbox"/>
	DS SMITH, TERRANCE A	3000 BISCAYNE BLVD MIAMI FL		<input checked="" type="checkbox"/>
	DT WHITTERS, JAMES	540 NE 176TH STREET N MIAMI FL		<input type="checkbox"/>
	E THOMPkins, WILLIE J	780 NE 199TH STREET E102 N MIAMI BEACH FL		<input type="checkbox"/>
	D ROBINSON, COLIN O	17625 NW 27TH AVENUE MIAMI FL		<input type="checkbox"/>
	D FORT, ORVA	16025 NW 28TH COURT OPA LOCKA FL		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
	Darryl K. Baxter	850 N. Miami Ave, # 506 W Miami, FL 33134	President / Founder - Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
	William S. Johnson	2400 NW 160 Street OPA LOCKA FL 33054	Treasurer - Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
	Toney R. Brailsford	850 N. Miami Ave, # 506 W Miami, Florida 33134	Vice - President - Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
	Ronnie L. Lemon	1810 NW 69th Street Miami, FL 33147	Secretary - Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 address.

SIGNATURE:

WILLIE J. Thompson 722-96 305 7693500
Date Daytime Phone #

0006020

CR2E037 (3/96)