

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

FILED  
Apr 15 1996 8:00 am  
Secretary of State

DOCUMENT # **N49993** (1)  
1. Corporation Name  
**FLORIDA INTERNATIONAL AFFAIRS FOUNDATION, INC.**



Principal Place of Business Mailing Address  
**OFFICE OF THE GOVERNOR  
THE CAPITOL  
TALLAHASSEE FL 32399-0001  
US**

3. Date Incorporated or Qualified **07/22/1992** 3a. Date of Last Report **04/12/1995**  
4. FEI Number **65-0365695** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TURNBULL, NAT M.  
OFFICE OF THE GOVERNOR  
THE CAPITOL  
TALLAHASSEE FL 32399-0001**

81 Name **Sally S. Patrenos**  
82 Street Address (P.O. Box Number is Not Acceptable) **Office of the Governor**  
83 **The Capitol**  
84 City **Tallahassee** FL 85 Zip Code **32399-0001**

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 617.0509, Florida Statutes.

SIGNATURE

*Sally S. Patrenos*

4/9/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **ED** ☐ DELETE  
NAME **TURNBULL, NAT M**  
STREET ADDRESS **OFFICE OF THE GOVERNOR, THE CAPITOL**  
CITY-ST-ZIP **TALLAHASSEE FL 32399-0001**

1.1 TITLE **Chair** ☒ Change ☐ Addition  
1.2 NAME **Patrenos, Sally S.**  
1.3 STREET ADDRESS **Office of the Governor, The Capitol**  
1.4 CITY-ST-ZIP **Tallahassee, FL 32399-0001**

TITLE **D** ☐ DELETE  
NAME **BENSON, HAYWARD**  
STREET ADDRESS **P.O. BOX 950 N/A**  
CITY-ST-ZIP **FT LAUDERDALE FL**

2.1 TITLE **D** ☒ Change ☐ Addition  
2.2 NAME **Benson, Hayward**  
2.3 STREET ADDRESS **1550 N.W. 79th Avenue**  
2.4 CITY-ST-ZIP **Miami, FL**

TITLE **D** ☐ DELETE  
NAME **BALAS, JOAN**  
STREET ADDRESS **2717 COLONIAL BLVD.**  
CITY-ST-ZIP **FT MYERS FL**

3.1 TITLE **D** ☒ Change ☐ Addition  
3.2 NAME **Bolas, Joan**  
3.3 STREET ADDRESS **2717 Colonial Blvd.**  
3.4 CITY-ST-ZIP **Ft. Myers, FL**

TITLE **D** ☐ DELETE  
NAME **STARLING, BRUCE**  
STREET ADDRESS **2499 N ORANGE BLOSSOM TRAIL**  
CITY-ST-ZIP **KISSIMMEE FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MAGUIRE, AMELIA R**  
STREET ADDRESS **701 BRICKELL AVE., SUITE 3000**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ DELETE  
NAME **RANSON, CHARLES M**  
STREET ADDRESS **325 WEST PARK AVENUE**  
CITY-ST-ZIP **TALL FL**

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 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 an address.

SIGNATURE:

*Sally S. Patrenos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

(904) 922-0355  
Date Day/Time Phone #

CR2E037 (12/95)