FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

NIGROUPONORUE (4)

1. Corporation	MENT # N9300(DELSON FOUNDATION, INC.	0002305 (1)			AN Bang Mara Mun and a Ann 1847
Principal Place	of Business	Mailing Address			<u> </u>
P.O. BOX 1286 SARASOTA FL 34230		P.O. BOX 1286 SARASOTA FL 34230			
				3. Date Incorporated or Qualified 3a 05/19/1993	Date of Last Report 05/01/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Cuito Ant	4	26		65-0418576	Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangib	le tax under s. 199.032,
24	9. Name and Address of Current	Pagistored Agent	30	Florida Statutes	
	o. Home and Address of Garante	negistered Agent	81 Name	10. Name and Address of New Register	ed Agent
1625 SO	N, SAM A DUTH LODGE DR ITA FL 34230	\longrightarrow		Jress (P.O. Box Number is Not Acceptable)	
			84 City	as de Ci	L 85 Zip Code 35
	o the provisions of Sections 617.0502 a ed agent, or both, in the State of Florida th, and accept the obligations of, Sectio		the above-named corporation's box	oration submits this statement for the purpose of ard of directors. I hereby accept the appointmen	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SIGNATURE _	of and docept the congations of Section	ir o m.0000, Fiorida Statutes.			
SIGNATURE _	Signature, typed or printed name of registered agent an	nd little if applicable (NOTE	Registered Agent signature require	ed when reinstating) DAT	E
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	DP CAM A	DELETE		DP	Change
NAME STREET ADDRESS	IDELSON, SAM A 1625 S. LODGE		12 NAME	delson, SAM A.	
CITY-ST-ZIP	SARASOTA FL 34230			1951 Horth Honore	ام
TITLE	DST	DELETE	1.4 CHY-ST-ZIP 2 21 TITLE	Sarasota IFL. 3423	Change Addition
NAME	IDELSON, CHARLES K		2 2 NAME		☐ change ☐ Abdition
STREET ADDRESS	12730 NEW BRITTANY BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33907		2 4 CITY - S1 - ZIP		
TITLE	DV	DELETE	3.1 TITLE		Change Addition
NAME	WEINBERG, MINNA I		3 2 NAME		
STREET ADDRESS	5718 BIRDWOOD		3 3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77096 DVS	Document	3.4. CITY - ST - ZIP		
TITLE NAMÉ	ALTERMAN, RACHEL M	DELETE	4 1 TITLE		Change Addition
STREET ADDRESS	6255 BARFIELD RD., STE. 100		4 2 NAME		
CITY-ST-ZIF	ATLANTA GA 30328		4.3 STREET ADDRESS		
TITLE		DELETE	4.4 CiTY-ST-ZiP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIF			5 4 CITY - ST - ZIP		
TITLE		DELETE	. 6.1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-2IF	certify that the information eunolised will	th this filing is unhistority for also	6.4 CITY-ST-ZIP	for the experience state of the experience of th	F
oath; that I		report or supplemental annual tion or the receiver or trustee e	report is true and accura mpowered to execute th	for the exemption stated in Section 119 07(3)(k), ale and that my signature shall have the same le is report as required by Chapter 617, Florida Sta	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

17-9:118, 1996 277 2556
Daytorie Phone #

CR2E037 (12/95)