


FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90247 045 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000002762					
1. Corporation Name BUFA FOUNDATION, INC.					
Principal Place of Business 1727 N. ATLANTIC AVE. COCOA BEACH FL 32931			Mailing Address 1727 N. ATLANTIC AVE. COCOA BEACH FL 32931		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/18/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3189032	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DACOSTA, STEPHANIE 1727 N. ATLANTIC AVE. COCOA BEACH FL 32931				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORNESS, RACHEL		1.2 NAME		
STREET ADDRESS	333 SOUTH ATLANTIC AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 32931		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNTER, JACK ESQ		2.2 NAME		
STREET ADDRESS	1980 N. ATLANTIC AVE., #412		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 32931		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DACOSTA, STEPHANIE		3.2 NAME		
STREET ADDRESS	1980 N. ATLANTIC AVE., SUITE 601		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 32931		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BABINGTON, CHERYL		4.2 NAME		
STREET ADDRESS	1649 BAYSHORE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BCH FL 32931		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YAGER, PAM		5.2 NAME		
STREET ADDRESS	200 S BANANA RIVER BLVD, #2202		5.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BCH FL 32931		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIXON, JOYCE		6.2 NAME		
STREET ADDRESS	29 FAIRWAY DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BCH FL 32931		6.4 CITY-ST-ZIP		

14. I hereby certify that 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 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, with all other like empowered.

SIGNATURE: *Rachael Forness* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)