

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

DOCUMENT # N93000003832 (3)

1. Corporation Name

H.F.W.B. CHARITY GROUP, INC.



Principal Place of Business

**7433 N.E. 8TH TERRACE
BOCA RATON FL 33487
US**

Mailing Address

**7433 N.E. 8TH TERRACE
BOCA RATON FL 33487
US**

3. Date Incorporated or Qualified
08/08/1993

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number
65-0440265

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

**VOGEL, THOMAS A
334 NE 3RD COURT
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL **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

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

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD VOGEL, THOMAS A**
STREET ADDRESS **334 NE 3RD COURT**
CITY - ST - ZIP **BOCA RATON FL 33432**

TITLE ☐ DELETE

NAME **VD DUFFEY, CHRIS**
STREET ADDRESS **440 N.E. 15TH TERRACE**
CITY - ST - ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **SD GOODCHILD, BRAD**
STREET ADDRESS **227 N.E. 7TH STREET**
CITY - ST - ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **TD PARTHMORE, PAFTI**
STREET ADDRESS **945 SW 3RD ST**
CITY - ST - ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**7433 N.E. 8TH TERRACE
BOCA RATON FLORIDA 33487**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☒ Change ☐ Addition

TD KELLY REILLY

810 SW 2ND STREET

BOCA RATON FLORIDA 33486

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS A VOGEL

3/11/96 (407) 997-9213

Date

Daytime Phone

CR2E037 (12/95)