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**Feb 21 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # N93000004324 (0)

1. Corporation Name

ALL AMERICAN FOUNDATION, INC.



Principal Place of Business

Mailing Address

**311 S. CALHOUN STREET
SUITE 201
TALLAHASSEE FL 32301
US**

**HUME COLEMAN
PO DRAWER 810
TALLAHASSEE FL 32302-0810**

3. Date Incorporated or Qualified
09/24/1993

3a. Date of Last Report
04/27/1996

2. Principal Place of Business

2a. Mailing Address

21 **313 Williams Street**

26 **313 Williams Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#7**

27 **#7**

City & State

City & State

23 **Tallahassee, FL**

28 **Tallahassee, FL**

24 **32303**

25 **USA**

29 **32303**

30 **USA**

4. FEI Number
59-3213115

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

**HUME, TERRY
1898 MARYELLEN DRIVE
TALLAHASSEE FL 32303**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, THOMAS	
STREET ADDRESS	PO BOX 1577 N/A	
CITY-ST-ZIP	THOMASVILLE GA 31709	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	CAMPS, JOE	
STREET ADDRESS	1315 HODGES DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, ANDY	
STREET ADDRESS	PO BOX 1353 N/A	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ECKERD, JACK	
STREET ADDRESS	100 N STARCREST DRIVE	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIN, BILL	
STREET ADDRESS	PO BOX 1598 N/A	
CITY-ST-ZIP	SARASOTA FL 34230-1598	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HART, ED	
STREET ADDRESS	465 PARK AVENUE	
CITY-ST-ZIP	BELLEAIR FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MAYHEW, MARTIN	
1.3 STREET ADDRESS	1193 Shipwatch Circle	
1.4 CITY-ST-ZIP	Tampa, FL 33647	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

Joe Camps, M.D.

2/19/97

904/309-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000150

CR2E037 (9/96)