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

N9400000637 (8) DOCUMENT #
1. Corporation Name

BSEC FOUNDATION	ΩE	THE	HNITEN	STATES	INC
DOLO I DUNUMNON	UΓ	ITIE	OMITED	OIMICO,	IIIU-

Principal Place of Business Mailing Address								
3354 W. WYOMING CIRCLE TAMPA FL 33611 3354 W. WYOMING CIRCLE TAMPA FL 33611								
					3. Date Incorporated or Qualified 02/08/1994		Last Report 24/1995	
2. Principal Pl. 21	ace of Business	2a. Mailing Address 26	<u> </u>		4. FEI Number Appli		Applied For Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.	, ,		5. Certificate of Status Desired		8.75 Additional Fee Required	
City & State		28	City & State		Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Ζιρ 24	Country 25	Zip 29	Gount 30	try] Yes □ No		
	9. Name and Address of Curren	t Registered Agent		sal su	10. Name and Address of New R	egistered Ager	t	
			18	Name				
DOVE, J			8	Street Add	ress (P.O. Box Number is Not Acceptable	e)		
924 N. GADSDEN ST. TALLAHASSEE FL 32302		8	33					
				34 City		FL 85	1	
or register	to the provisions of Sections 617,0502 red agent, or both, in the State of Floric th, and accept the obligations of, Secti	ia. Such change was authon.	zea by the co	e-namied corpor orporation's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	oose of changing intrient as regis	its registered office tered agent. I am	
SIGNATURE .	Signature types or printed name of ropidered agost.	archie irappii abdi (N	ION Bugalead A	 gort sgnat re re pre	d where renstateg	DATE		
12.	OFFICERS AND		13.		ADDITIONS/OHANGES TO OFF		ECTORS IN 12	
TITLE	MDC	□ DELE1E	1.1 Tills	F		☐ Ch	ECTORS IN 12 ange Addition	
NAME	EDWARDS, DEBERA		1.2 NAM	ı.E]	
STREET ADDRESS	3354 W. WYOMING CIRCLE		1.3 STR	EET ADDRESS				
CITY - ST - ZIP	TAMPA FL 33611		1.4 C(T)	(-ST-ZIP				
TITLE	D	☐ DELETE	2 1 TITL	E		☐ Ch	ange 🔲 Addition 🤇	
NAME	MARTIN, SHEILA	,	2 2 NAM	ME				
STREET ADDRESS	14046 TROUVILLE DR			EET ADORESS				
CITY-ST-ZIP TITLE	TAMPA FL 33624	DELETE		Y-SI-ZIP	<u> </u>	-	2000	
NAME		Finerete	3 1 TITL			Ch	ange	
STREET ADDRESS	Underhill, amory Box 66 n/a		3 2 NAN				1	
CITY - ST - ZIP	DELAND FL 32721-0066			FET ADDRESS Y-ST-ZIP				
TITLE	DED 110 1 E 02/21-0000	DELETE	4 1 TiTL			□ Cn	ange Addition	
NAME		_	4. 2 NAI					
STREET ADORESS			1	EET ADDRESS				
CITY - ST - ZIP			- 1	Y-ST-ZIP				
TITLE		DELETE	51 T.TL			Cn	ange	
NAME			52 NAN	A E				
STREET ADDRESS			5 3 STR	EE1 ADDRESS				
CITY-ST-ZIP			5.4 CITY	7-ST-7IP				
TITLE		DELETE	6 1 TiTL	F		□ Ch	ange 🔲 Addition	
NAME			62 NAN	1E				
STREET ADDRESS			63 SIR	EET ADDRESS				
CITY - ST - ZIP		CAL Marin Colonia		r-St-ZiP				
- 14. LOO nerer	ov decury that the information supplied t	wun inis teina iš valuntarily für	h bros maren	age not cuiglifu f	or the exemption stated in Section 110	nziovia Elector (Charles and I for all how	

I do hereby certify that the information supplied with this figing 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: 1

3 10-96 (813)832-2885

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