## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #
1. Corporation Name

N94000001275 (6)

## MALIVALO. WASHINGTON PRIVATE FOUNDATION, INC.

Principal Place of Business Mailing Address								n immresen bid imirs mielle differt mutt	<b>EB</b> (1)   <b>BB</b> (1)		1888: 80): 18 <b>4</b> (
% 505 S FLAG	505 S FLAGLER DR										
STE 900 W PALM BEACH FL 33401				STE 900 W PALM BEACH FL 33401							
				W PALM DENOTIFE SONOT			3. Date Incorporated or Qualified 03/09/1994	За.	Date of Last R 04/10/19	eport 196	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For			
21				26				65-0460990			ot Applicable
Suite, Apt. #, etc				Suite, Apt. #, etc.				5. Certificate of Status Desired	of Status Desired S8.75 Additional Fee Required		
City & State				City & State			6. Election Campaign Financing	-	\$5.00		
Zip Country				Zip Country				Trust Fund Contribution	<u> </u>	Added 1	
<del>,</del> `			29	¬ '				This corporation has liability for Florida Statutes		No lax under s	, 199.032,
24 25 9. Name and Address of Current								10. Name and Address of New Registered Agent			
						81	Name		<del> </del>		
WASHINGTON, WILLIAM A							Street Addre	dress (P.O. Box Number is Not Acceptable)			
450 EGRET CIR											
APT 910					j	83					
DELRAY		84		City	<u> </u>	F		Code			
11. Pursuant office or nagent. Fa	to the provis egistered aç m familiar w	sions of Sections 617 gent, or both, in the S ith, and accept the o	0502 and 6 tate of Flori bligations o	17.1508, Florida Statul da. Such change was f, Section 617.0503, Fl	tes, the at authorized orida Stat	ove i by utes	-named corporations.	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of the a	of changing it ppointment as	s registered registered
SIGNATURE											
	Signative types	for printed name of registers				l Age	int signatura require	ad when reinstating)	DATE		20.141.40
12.	PD	OFFICERS	AND DIRE	DELETE	13. 1.1 Til	n F		ADDITIONS/CHANGES TO OFFICE	JEHS A	Change	Addition
NAME		NGTON, MALIVAI	0		1.2 NA					012.190	Lad Frontier
STREET ADDRESS 109 ROYAL LAGOON CT							ADDRESS				
CITY-S1-ZIP PONTE VEDRA BEACH FL 32				1.4		TY-\$	T-ZIP				
TITLE	VD			☐ DELETE	2.1 TI	ILE.				Change	Addition
NAME		NGTON, WILLIAM	A		2.2 NA	ME					
STREET ADDRESS 450 EGRET CIR #9104							ADDRESS				
CHY-ST-ZIP DELRAY BEACH FL 33444  TITLE STD							ST - ZiP			Change	Addition
TITLE NAME		NGTON, CHRISTIN	IF	☐ prreie	3.1 TII 3.2 N/					L ∩ απηβε	LI MUUUDII
STREET ADDRESS		RET CIR #9104	1₩				ADDRESS				
CHTY - ST - ZIF		Y BEACH FL 3344	4		34.0						
TITLE				DELETE	4.1 TI	_				Change	☐ Addition
NAME					4. 2 N	AME					
STREET ADDRESS					4.3 ST	REET	ADDRESS				
CITY-ST-7IP				Locieve	4.4 CI		T-ZIP			T 05	Arabi.
THILE				☐ DELETE	5.1 Til					☐ Change	Addition
NAME Caper Campures					5.2 NA		AUDDECC				
STREET ADDRESS CITY-ST ZIP							ADDRESS IT-ZIP				
TITLE				DELETE	6.1 TI		11-4)1			Change	☐ Addition
NAME					6.2 N/		j			•	
STREET ADDRESS					6.3 ST	REET	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: X | | |

LE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ialivai O. Washington 3/13

x 904-273.2187

**FILED** 

Mar 21 1997 8:00am

Secretary of State

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