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Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001275 (6)**

1. Corporation Name

**MALIVAI O. WASHINGTON PRIVATE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**% 506 S FLAGLER DR  
STE 900  
W PALM BEACH FL 33401**

**% 506 S FLAGLER DR  
STE 900  
W PALM BEACH FL 33401**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WASHINGTON, WILLIAM A  
450 EGRET CIR  
APT 9104  
DELRAY BEACH FL 33444**

**81** Name

**TERRI FLORIO**

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

**3699 SANCTUARY WAY SOUTH**

**83**

**84** City

**JACKSONVILLE BEACH**

**FL**

**85** Zip Code

**32250**

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

*Terri Florio*

*Terri Florio*

**2/10/98**

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 ☐ DELETE

**PD  
WASHINGTON, MALIVAI O  
109 ROYAL LAGOON CT  
PONTE VEDRA BEACH FL 32082**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

**VD  
WASHINGTON, WILLIAM A  
450 EGRET CIR #9104  
DELRAY BEACH FL 33444**

1.2 NAME ☐ Change ☐ Addition

TITLE ☒ DELETE

**STD  
WASHINGTON, CHRISTINE  
450 EGRET CIR #9104  
DELRAY BEACH FL 33444**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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.

SIGNATURE: *x Malivai O. Washington* **Malivai Washington Jan. 26, 1998 904 273-2187**

CFR2037 (1097)