

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 # N94000004997 (2)
1. Corporation Name

CARLOS MANTILLA ORTEGA FOUNDATION, INC.

Principal Place of Business

Mailing Address

132 LAKE SHORE DRIVE NORTH
PALM BEACH, FL 33408

606 BALTIMORE AVE
SUITE 404E
TOWSON, MD 21204

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

606 BALTIMORE AVE

27

Suite, Apt. #, etc.

28

City & State

29

TOWSON, MD

30

Zip

Country

USA

3. Date Incorporated or Qualified

10/05/94

3a. Date of Last Report

4. FEI Number

52-1904272

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

MANTILLA, DORIS C
132 LAKE SHORE DRIVE NORTH
PALM BEACH, FL 33408

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DPT

☐ DELETE

NAME

MANTILLA, DORIS C

STREET ADDRESS

132 LAKE SHORE DRIVE UNIT 1118

CITY - ST - ZIP

PALM BEACH FL 33408

TITLE

DV

☐ DELETE

NAME

ALBORNOZ, CARLA C

STREET ADDRESS

AV. 1025 GONZALEZ SUAREZ

CITY - ST - ZIP

QUITO, ECUADOR

TITLE

DV

☐ DELETE

NAME

MANTILLA, DAVID C

STREET ADDRESS

AV. 1025 GONZALEZ SUAREZ

CITY - ST - ZIP

QUITO, ECUADOR

TITLE

DV

☐ DELETE

NAME

MANTILLA, ROBERTO C

STREET ADDRESS

AV. 1025 GONZALEZ SUAREZ

CITY - ST - ZIP

QUITO, ECUADOR

TITLE

DV

☐ DELETE

NAME

IRURRALDE, ANDREA C

STREET ADDRESS

AV. 1025 GONZALEZ SUAREZ

CITY - ST - ZIP

QUITO, ECUADOR

TITLE

DV

☐ DELETE

NAME

MANTILLA, ROBERTO C

STREET ADDRESS

AV. 1025 GONZALEZ SUAREZ

CITY - ST - ZIP

QUITO, ECUADOR

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

DV

☐ Change

☒ Addition

12 NAME

THOMAS W. JOHNSON

13 STREET ADDRESS

606 BALTIMORE AVE. SUITE 404E

14 CITY - ST - ZIP

TOWSON, MD 21204

21 TITLE

DV

☐ Change

☒ Addition

22 NAME

BEVERLY GORE

23 STREET ADDRESS

131 N. FAIRFAX ST.

24 CITY - ST - ZIP

ALEXANDRIA, VA 22314

31 TITLE

DV

☐ Change

☒ Addition

32 NAME

KALA CORCORAN

33 STREET ADDRESS

207 COUNTRY CLUB BLVD.

34 CITY - ST - ZIP

SLIDELL, LA 70458

41 TITLE

DV

☐ Change

☐ Addition

42 NAME

DV

43 STREET ADDRESS

DV

44 CITY - ST - ZIP

300001824189

51 TITLE

DV

☐ Change

☐ Addition

52 NAME

DV

53 STREET ADDRESS

DV

54 CITY - ST - ZIP

DV

61 TITLE

DV

☐ Change

☐ Addition

62 NAME

DV

63 STREET ADDRESS

DV

64 CITY - ST - ZIP

DV

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 W. JOHNSON

5/1/96

Date

710-327-5791

Daytime Phone #

CR2E037 (12/95)

5-15-96