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

DOCUMENT # N9400005099 (6)

. Corporation Name	14940000000	(U

MINUT	EMEN FOUNDATION INTER	INATIONAL, INC.					
Principa: Plac	e of Business	Mailing Address			I LEBULIDI GID LEKKI DUDIL DDŽILI DDALI BOJIL BOJIL BOJIL	// 	
	/NWOOD AVE L 32825-6622	10014 BROWNWOOD A' ORLANDO FL 32825-662					
					· ·	le of Last Report)5/01/1995	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-3272813	Not Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	te	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζφ	Country			try	This corporation has liability for intangible tax under s. 199.032,		
24	25	29			Florida Statutes		
	9. Name and Address of Curren	nt Registered Agent		II Name	10. Name and Address of New Registered A	gent	
			ľ				
BUSH, TRAVIS D 10014 BROWNWOOD AVE			8	Street Addin	ess (P.O. Box Number is Not Acceptable)		
	DO FL 32825-6622		E	33			
			ε	34 City	FL	85 Zip Code	
or registe	to the provisions of Sections 617.0503 ered agent, or both, in the State of Flori with, and accept the obligations of, Section	da. Such change was authoriz	ed by the co	e named corpora rporation's boar	ration submits this statement for the purpose of char rd of directors. I hereby accept the appointment as r	nging its registered office registered agent. I am	
SIGNATURE		·				4· 	
12.	Signature, typed or printed name of registered ages OFFICERS AN	t and title if applicable [NC] ID DIRECTORS	TE Registered A	gent signature required	d when reinstating! DATE ADDITIONS/CHANGES TO OFFICERS AND	DIBLOTORS IN 12	
TITLE	PD	DELETE	1.1 TITU	E		Change Addition	
NAME	BUSH, TRAVIS D		1.2 NAM	16	_	_	
STREET ADDRESS			1.3 STR	EET ADDRESS			
CITY - ST - ZIP	ORLANDO FL 32825-6622		1.4 CITY	/-ST-ZIP		<u>-</u>	
T-TLE	SD	☐ DELETE	2 1 TITU	E [[Change 🔲 Addition	
NAME	BUSH, EVELYN H		2 2 NAM	1E			
STREET ADDRESS			2 3 STRI	EET ADDRESS			
City - St - ZiP	ORLANDO FL 32825-6622			Y-ST-ZIP			
TITLE	VTD	DELETE	3 1 TITL	-	L	Change Addition	
NAME	MOORE, RICHARD C		3.2 NAM				
STREET ADDRESS	407 NEW HOLE ON			EET ADDRESS			
CITY - ST - 7IP	ALTAMONTE SPRINGS FL 32	714	41 TiTL	Y-ST-ZIP		Change Addition	
NAME			4. 2 NA		_	T 3- FM 2-41	
STHEE! ADDRESS				EET ADDRESS			
CITY - ST - ZIP			1 1	7-ST-ZIP			
TITLE		☐ DELETE	51 Ti t	· · · · · · · · · · · · · · · · · · ·	C	Change Addition	
NAME			52 N	AE .			
STREET ADDRESS			53 S	EET ADDRESS			
CITY - ST - ZIP			540	- ST - ZIP	<u> </u>		
TITLE		DELETE	611			Change	
NAME			62	ŧ			
STREET ADDRESS			63	et address			
CITY - ST - ZIP	by partity that the information or	with this films is valuated if	6 4	ST-ZIP	or the exemption stated in Section 119.07(3)(k). Flor	rida Statutos I fuelhar	
certify th	eby certify that the information supplied at the information indicated on this ann at I am an officer or director of the corp	ual report or supplemental and	ual report	rue and accura	or the exemption stated in Section 119.07(3)(x), Flor ate and that my signature shall have the same legal of is report as required by Chapter 617, Florida Statute	effect as if made under	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and serify that the information indicated on this annual report or supplemental annual report over and an cath; that I am an officer or director of the corporation or the receiver or trustee empowers in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT ASSETTIONS.

2/03/96

407-275-8240

32F037 (12/