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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

| DOCUMENT # N9400005310 (/)   |  |   |                          |                    |             |   |   |                                     |  |
|--|--|---|--------------------------|--------------------|-------------|---|---|-------------------------------------|--|
| 1  |  |   |                          |                    |             |   |   |                                     |  |
|  | URVIVORS SUPPORT FOUND   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,      |                          |                    |             | 1 1840HI I DIN 1811 ANDI ADDIA ADDIA  | fili) filki odini nijal                   |                                     |  |
|  |  |   |                          |                    |             |   |   |                                     |  |
| Principal Place of Business Mailing Address  |  |   |                          |                    |             | s comission ded christ Militia Militia Militia                                    | 0111 04114 89101 <b>0</b> 1160            | i entat ividin dave 1004            |  |
| 2787 E. OAKLAND PARK BLVD. 2106 N.E. 65TH STREET   |  |   |                          |                    | İ           |   |   |                                     |  |
| SUITE 203 FORT LAUDERDALE FL 3 FORT LAUDERDALE FL 33308  |  |   | 33306                    |                    |             |   |   |                                     |  |
|  |  |   |                          |                    | ŀ           | 3. Date Incorporated or Qualified   | 3a. Date of L                             | ast Report                          |  |
|  | lad Dissa ( O )  |   |                          |                    |             | 10/24/1994  |   | 7/1995                              |  |
| 2. Principal F   | cipal Place of Business 2a. Mailing Address  |   |                          |                    |             | 4. FEI Number   |   | Applied For                         |  |
| <del></del>  |  |   |                          |                    |             | 65-0550184  |   | Not Applicable                      |  |
| <u> </u>   |  | 27  | Suite, Apt. #, etc.      |                    | 1           | 5. Certificate of Status Desired  | 1 1 7 -                                   | .75 Additional                      |  |
| City & State   |  | City & State                                |                          |                    |             | 6. Election Campaign Financing  |   | ee Required                         |  |
| 23   |  |   |                          |                    |             | Trust Fund Contribution   |   | 5.00 May Be                         |  |
| Zip<br>24  | Country  | Zip   | Country                  |                    |             | 8. This corporation has liability for int   | tangible tax unde                         |                                     |  |
| 24   25   29   :  9. Name and Address of Current Registered Agent  |  |   | 30                       | Florida Statutes   |             |   | Yes X No                                  |                                     |  |
|  |  | Trogistored Agent                           | 81                       | Name               |             | 10. Name and Address of New Re  | gistered Agent                            |                                     |  |
| STEPHENS, R.L.   |  |   |                          |                    | <u> </u>    |   |   |                                     |  |
| 2106 N.E. 65TH STREET  |  |   | 82                       | Street /           | Address     | (P.O. Box Number is Not Acceptable  | )   |                                     |  |
| FORT LAUDERDALE FL 33308   |  |   | 83                       |                    |             |   |   |                                     |  |
|  | •  |   | 84                       | City               |             |   |   |                                     |  |
|  |  |   | - 1                      | •                  |             |   | FL B5                                     | Zip Code                            |  |
| <ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, to registered agent, or both, in the State of Florida. Such change was authorized by familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.</li> </ol> |  |   |                          | amed co            | poratio     | in submits this statement for the purport directors. I bereby account the appoint | ose of changing i                         | ts registered office                |  |
| familiar w   | ith, and accept the obligations of, Sectio   | n 617.0503, Florida Statutes.               |                          | 0100010            | board c     | or oreotors. Thereby accept the appoin  | innerit as registe                        | red agent. I am                     |  |
| SIGNATURE  | Signature, typed or printed name of registered agent ar  | rd tille if applicable (NOT)                | C. Cloudstand A.         |                    |             |   |   |                                     |  |
| 12.  | OFFICERS AND   |   | E: Registered Agen       | s gnature re       | ednikea ww  | an reinstating) ADDITIONS/CHANGES TO OFFICE                                       | DATE<br>EDS AND DIDEC                     | PTODS IN 12                         |  |
| TITLE  | PTD  | DELETE                                      | 1.1 TITLE                | $\nearrow$         |             | DIRECTOR  | Chang                                     |                                     |  |
| NAME   | STEPHENS, R.L.   |   |                          |                    |             | OBRIN, MARTIN   |   |                                     |  |
| STREET ADDRESS   |  |   |                          | 1.3 STREET ADDRESS |             | 00 THREE ISLAND   | BLVD.                                     |                                     |  |
| CITY - ST - ZIP  | FT. LAUDERDALE FL 33308  | Cloritie                                    | 1.4 CITY - S             | - ZIP              | I           | IALLENDALE, FL 33   | 308                                       |                                     |  |
| NAME   | MANWARING, LYNN  | DELETE                                      | 2.1 TITLE                | <b>シ</b>           |             | DIRECTOR  | Chang                                     | ge [] Addition                      |  |
| STREET ADDRESS   | 2453 N.E. 51ST ST.   |   | 2.2 NAME                 | *0000000           |             | TEPHENS, R.L., J  | r.  |                                     |  |
| CITY-ST-ZIP  | FT. LAUDERDALE FL 33308  |   | 2 3 STREET               | - 1                | Ţ           | 8288 181ST CIRCL<br>OCA RATON, FL 33  | E_  |                                     |  |
| TITLE  | VPD  | <b>₹</b> ]DELETE                            | 2. 4 CITY-S<br>3.1 TITLE | I-ZIP              | ЕЕ          | OCA RATON, FL 33  | 1498<br>□ Chang                           | ie 🗀 Addition                       |  |
| NAME   | STEPHENS, M.J.   |   | 3.2 NAME                 |                    |             | and the same age, and a   |   | Jo                                  |  |
| STREET ADDRESS   | 2106 N.E. 65TH ST.   |   | 3.3 STREET               | ADDRESS            |             |   |   |                                     |  |
| CITY-ST-ZIP  | FT. LAUDERDALE FL 33308  |   | 3.4. CITY - S            | T-ZIP              |             |   |   |                                     |  |
| NAME   | DIRECTOR   | DELETE                                      | 4.1 TITLE                |                    |             |   | Chang                                     | e 🔲 Addition                        |  |
| STREET ADDRESS   | SPRINGER, BONNIE   |   | 4. 2 NAME                |                    |             |   |   |                                     |  |
| CITY-ST-ZIP  | 285] NE 2]ST AVE   |   | 4.3 STREET               | 1                  |             |   |   |                                     |  |
| TITLE  | LIGHTHOUSE POINT   | . FL 33064                                  | 4.4 CITY-ST<br>5.1 TITLE | -ZIP               |             |   |   |                                     |  |
| NAME   | DIRECTOR LIPELETE COCCIA, DEL  |   |                          |                    |             |   | ☐ Chang                                   | e                                   |  |
| STREET ADDRESS   | SS 3001 NW 112TH AVENUE  |   |                          | ADDRESS            |             |   |   | ļ                                   |  |
| PAY-SI-ZIP   | CORAL SPRINGS, FL 33065  |   |                          | - ZIP              |             |   |   |                                     |  |
| TITLE  | 0/10-10-1  |   | 6.1 TITLE •              | 6.1 TITLE •        |             | <b>40000185</b> (<br>-06/07/960107  |   | e Addition                          |  |
| NAME   | MOVINS, DENISE   |   | 6.2 NAME 1               |                    |             | ***61.25  | (U11                                      | 5/                                  |  |
| STREET ADDRESS   | 340] NW 20th STF   |   | 6.3 STREET A             |                    |             |   |   | /1 12                               |  |
| 14. I do hereb   | COCONUT CREEK, F   | L 33066 h this filma is voluntarily furnish | 6.4 CITY-ST              | - ZIP              | ifi for 11- | a avamation etate die 0   | (0) 4 ) =                                 | ( , )-                              |  |
| certify that   | COCONUT CREEK, F y certify that the information supplied wit t the information indicated on this annual I am an officer or director of the corpora | report or supplemental annua                | report is true           | and acc            | urate a     | e exemption stated in Section 119.07(<br>nd that my signature shall have the sar  | 3)(k), Florida Stat<br>ne legal effect as | tutes. I further<br>s if made under |  |
| appears in   | I am an officer or director of the corporati<br>Block 12 or Block 13 if changed, or on   | an attachment with an addres                | scripowered to<br>is.    | execute            | e trus rep  | port as required by Chapter 617, Florid   | la Statutes; and t                        | that my name                        |  |

SIGNATURE: 7

Manuaring
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AN WANTED

THE STATE OF THE STAT

(454) 54-7516 DOUT THE Phone #