

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005929 (4)
1. Corporation Name
AFRICK FAMILY FOUNDATION, INC.



Principal Place of Business 5780 BRIDLEWAY CIRCLE BOCA RATON FL 33496	Mailing Address 5780 BRIDLEWAY CIRCLE BOCA RATON FL 33496
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3. Date Incorporated or Qualified 12/02/1994	
4. FEI Number 65-0538688	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 16680 ECHO HOLLOW CIRCLE	2a. Mailing Address 26 16680 ECHO HOLLOW CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

23. City & State Delray Beach, Florida	28. City & State Delray Beach, Florida
24. Zip 33484	25. Country USA
29. Zip 33484	30. Country USA

7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**POLISH, SHELDON
615 E LAS OLAS BLVD
SUITE 1500
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AFRICK, JACK	1.2 NAME	
STREET ADDRESS	5780 BRIDLEWAY CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AFRICK, EVELYN	2.2 NAME	
STREET ADDRESS	5780 BRIDLEWAY CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AFRICK, LANCE M	3.2 NAME	
STREET ADDRESS	10 ROSA PARK	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70115-5044	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AFRICK, DIANE R	4.2 NAME	
STREET ADDRESS	10 ROSA PARK	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70115-5044	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AFRICK, STEVEN B	5.2 NAME	
STREET ADDRESS	2750 STIRRUP LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33331	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AFRICK, Nanci J	6.2 NAME	
STREET ADDRESS	2750 STIRRUP LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33331	6.4 CITY-ST-ZIP	

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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: *[Signature]* **REQUIRED** 3-9-98

CR2E037 (10/97)