

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90018 002 ****61.25

DOCUMENT # N94000005929

1. Corporation Name

AFRICK FAMILY FOUNDATION, INC.

92344 - 90018 - 2

Principal Place of Business

16680 ECHO HOLLOW CIR DELRAY BEACH FL 33484 US

Mailing Address

16680 ECHO HOLLOW CIR DELRAY BEACH FL 33484 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/02/1994

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

65-0538688

Applied For

Not Applicable

City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

28 Zip

Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Country

25

29

30

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

POLISH, SHELDON 515 E LAS OLAS BLVD SUITE 1500 FT LAUDERDALE FL 33301

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE

NAME AFRICK, JACK STREET ADDRESS 5780 BRIDLEWAY CIR CITY-ST-ZIP BOCA RATON FL 33496

1.1 TITLE Change Addition

TITLE PD DELETE

NAME AFRICK, EVELYN STREET ADDRESS 5780 BRIDLEWAY CIR CITY-ST-ZIP BOCA RATON FL 33496

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D DELETE

NAME AFRICK, LANCE M STREET ADDRESS 10 ROSA PARK CITY-ST-ZIP NEW ORLEANS LA 70115-5044

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE TD DELETE

NAME AFRICK, DIANE R STREET ADDRESS 10 ROSA PARK CITY-ST-ZIP NEW ORLEANS LA 70115-5044

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE SD DELETE

NAME AFRICK, STEVEN B STREET ADDRESS 2750 STIRRUP LANE CITY-ST-ZIP FT LAUDERDALE FL 33331

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D DELETE

NAME AFRICK, Nanci J STREET ADDRESS 2750 STIRRUP LANE CITY-ST-ZIP FT LAUDERDALE FL 33331

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: [Signature] REQUIRED

1-5-99 561-637-6009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)