

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 # N95000000185 (7)

1. Corporation Name

FRIENDS OF BOYS' TOWNS - SOUTH AFRICA, INC.



Principal Place of Business

1290 PALM AVE.  
SARASOTA FL 34236

Mailing Address

1290 PALM AVE.  
SARASOTA FL 34236

3. Date Incorporated or Qualified

01/12/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

65-0537620

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

23

City & State

City & State

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

BERTEAU, JOHN T  
1550 RINGLING BLVD.  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

900001884789

84 City

07/05/96-01031-031

\*\*\*61.25

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

STAECKER, DEL

STREET ADDRESS

1290 PALM AVE.

CITY-ST-ZIP

SARASOTA FL 34236

TITLE

DC

NAME

ARAUJO, JOE

STREET ADDRESS

P.O. BOX 31118 (N/A)

CITY-ST-ZIP

BRAAMFONTEIN 2017, S. AFRICA

TITLE

DST

NAME

BERTEAU, JOHN T

STREET ADDRESS

1550 RINGLING BLVD.

CITY-ST-ZIP

SARASOTA FL 34236

TITLE

Cliff Matheson

NAME

8120 Woodmont Av. Ste 250

STREET ADDRESS

Bethesda, MD 20814

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Jacobs, Ellen Director  
102 Woodmont Blvd, Suite 130  
Nashville, TN 37205

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Smith, Queen Director  
2234 Grenada Blvd SW  
Atlanta, GA 30311

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Perry, Martel Vice Chairman  
1400 Shepherd Str NE, Suite 257  
Washington, DC 20017

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Matheson, Cliff Director  
P.O. Box 34095  
Bethesda, MD 20827

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Easum, Don Director  
801 West End Avenue, Suite 3A  
New York, NY 10025

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Endicott, Sonya Treasurer  
183 Baltic Circle  
Tampa, FL 33606

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: Del Staecker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)