

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Jul 15 1998 8:00am
Secretary of State

0010620

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 8120 WOODMONT AVE

Suite, Apt. #, etc.

22 250

City & State

23 BETHESDA MD

Zip

24 20814

Country

25 USA

2a. Mailing Address

26 P O BOX 34095

Suite, Apt. #, etc.

27 #

City & State

28 BETHESDA MD

Zip

29 20827

Country

30 USA

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

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

TITLE

NAME
OP STAECER, DEL FIRED

STREET ADDRESS
1290 PALM AVE.

CITY-ST-ZIP
SARASOTA FL 34236

TITLE

NAME
COBO ARAUJO, JOE

STREET ADDRESS
P.O. BOX 31118 (N/A)

CITY-ST-ZIP
BRAAMFONTEIN 2017, S. AFRICA

TITLE

NAME
S BERTEAU, JOHN T

STREET ADDRESS
1550 RINGLING BLVD.

CITY-ST-ZIP
SARASOTA FL 34236

TITLE

NAME
T ENDICOTT, SONYA

STREET ADDRESS
183 BALTO OR.

CITY-ST-ZIP
TAMPA FL 33606

TITLE

NAME
D EASUM, DONALD

STREET ADDRESS
801 W END AVE. STE 3A

CITY-ST-ZIP
NEW YORK NY 10025

TITLE

NAME
CLIFF MATHESON

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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.

SIGNATURE:

CLIFF MATHESON

Date

Daytime Phone #

CR2E037 (5/98)