

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90014 017 ****61.25

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1. Corporation Name

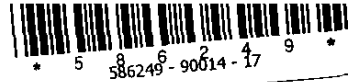
FRIENDS OF BOYS' TOWNS - SOUTH AFRICA, INC.

Principal Place of Business

8120 WOODMONT AVENUE
STE 250
BETHESDA MD 20814
US

Mailing Address

P O BOX 64095
BETHESDA MD 20827
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1 Suite, Apt. #, etc.		26 Po Box 34095		01/12/1995	
2 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
3 Zip		28 Bethesda MD		65-0537620	
4 Country		29 20827		30 USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BERTEAU, JOHN T 1550 RINGLING BLVD. SARASOTA FL 34236				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

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	COBD	1.1 TITLE	
NAME	ARAUJO, JOE	1.2 NAME	
STREET ADDRESS	P.O. BOX 31118 (N/A)	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRAAMFONTEIN 2017, S. AFRICA	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	BERTEAU, JOHN T	2.2 NAME	
STREET ADDRESS	1550 RINGLING BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	ENDICOTT, SONYA	3.2 NAME	
STREET ADDRESS	2915 SUNSET WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33706	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	EASUM, DON	4.2 NAME	
STREET ADDRESS	801 W END AVE. STE 3A	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10025	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MATHESON, CLIFF	5.2 NAME	
STREET ADDRESS	8120 WOODMONT AVENUE, STE 250	5.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20814	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 OF REGISTERED AGENT

7/6/99

301-652-5754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)