

AMENDED

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001069 (2)
 1. Corporation Name
THE CITIZENSHIP FOUNDATION, INC.



Principal Place of Business 676 PROSPECT RD FT LAUDERDALE FL 33309	Mailing Address 676 PROSPECT RD FT LAUDERDALE FL 33309-3949
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3. Date Incorporated or Qualified 03/07/1995	3a. Date of Last Report 04/30/1996
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21. Principal Place of Business 21 351 S Cypress Rd Suite, Apt. #, etc. 22 # 404 City State 23 Pompano Bch FL Zip Country 24 33060 25 USA	2a. Mailing Address 26 351 S Cypress Rd Suite, Apt. #, etc. 27 # 404 City State 28 Pompano Bch FL Zip Country 29 33060 30 USA
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4. FEI Number 65-0563967	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
FARDETTE, BRENT
676 PROSPECT RD
FT LAUDERDALE FL 33309

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	FARDETTE, CAROL	
STREET ADDRESS	351 S CYPRESS RD	
CITY-ST-ZIP	POMPANO FL 32060	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FARDETTE, BRENT JR	
STREET ADDRESS	351 S CYPRESS RD	
CITY-ST-ZIP	POMPANO FL 32060	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FARDETTE, BRENT	
STREET ADDRESS	341 S CYPRESS RD	
CITY-ST-ZIP	POMPANO FL 32060	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lisa Shaw	
1.3 STREET ADDRESS	351 S Cypress Rd #404	
1.4 CITY-ST-ZIP	Pompano Bch, FL 33060	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.0713(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.

CP2E037 (9/96)