

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 # N95000001126 (0)

1. Corporation Name

RATIONAL IMMIGRATION POLICY FOUNDATION, INC.



Principal Place of Business

126 SW 2ND AVENUE
DELRAY BEACH FL 33444

Mailing Address

126 SW 2ND AVENUE
DELRAY BEACH FL 33444

3. Date Incorporated or Qualified
03/08/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. PEI Number

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

9. Name and Address of Current Registered Agent

BENGISU, DOGAN M ESQ.
240 WEST PALMETTO PARK ROAD STE 300
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name BEVERLY MIZE
82 Street Address (P.O. Box Number is Not Acceptable)
126 SW 2nd Avenue
83
84 City Delray Beach FL 85 Zip Code 33444

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

Beverly H. Mize

(NOTE: Registered Agent signature required when re-registering)

3.6.96

12. OFFICERS AND DIRECTORS

TITLE	Director	<input type="checkbox"/> DELETE
NAME	Robert W. Ross, Jr.	
STREET ADDRESS	2605 E. Atlantic Blvd #205	
CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Dogan Bengisu	
STREET ADDRESS	2 West Camino Real #211F	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Beverly H. Mize	
STREET ADDRESS	126 SW 2nd Ave.	
CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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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

Beverly H. Mize

Director
Beverly H. Mize, Treasurer

3.6.96 407.278.9247
Date Daytime Phone #

CR2E037 (12/95)