## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # N95000001140 (1)

FEEDING THE MIND FOUNDATION, INC.

Aug 27 1997 8:00am
Secretary of State

EII ED

Principal Place of Business	Ipal Place of Business Mailing Address						
1701 N.E. 127TH STREET Miami Fl 33181	1701 N.E. 127TH STREET MIAM! FL 33181			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified 03/10/1995	3a. Date of Last Report 08/01/1996		
2. Principal Place of Business 2853 Sw First AVC				4. FEI Number 65-0604471	Applied For Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	~		5. Certificate of Status Desired		1.75 Additional Fee Required	
City & State  23 MANUE FL	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country 25 USA	Zip Country 29 33129 30 USA			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
		81	Name				
GONZALEZ, CARMEN 2853 S.W. 1ST AVENUE		82	82 Street Address (P.O. Box Number is Not Acceptable)				
MAMI FL 33129		83					
<b>₹</b>		84			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 13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			

Change DELETE 1.1 TITLE TITLE GONZALEZ, CARMEN NAME 1.2 NAME 2853 S.W. 1ST AVENUE STREET ADDRESS 1.3 STREET ADDRESS **MIAM! FL 33129** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME WEINSTEIN, SUSAN 2.2 NAME 2273 BAYVIEW LANE STREET ADDRESS 2.3 STREET ADDRESS N MIAM! FL 33181 CITY-ST-ZIP 2. 4 CITY - ST - ZIP 4-BELETE 3.1 TITLE Change Addition TITLE **SCHUSTER, JUDITH M** NAME 3.2 NAME -1701 N.E. 127TH-ST. STREET ADDRESS 3.3 STREET ADDRESS N MIAMI FL 83181 CITY-ST-ZIP 3.4. CITY-ST-ZIP **O**ELETE SD Change Addition 4.1 TITLE SD TITLE TATZ, DORIS USA LOMONALO NAME 4.2 NAME 761 san Just Prive 1420 S. BAYSHORE DRIVE, APT. 708 STREET ADDRESS 4.3 STREET ADDRESS SARBUES, **MIAMI FL 33131** CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I do 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 t 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.