FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500001333 (2)

THE W. H. ROBERTS FOUNDATION, INC.

| Principal Place of Business Mailing Address | | | | | | |
|---|--|---------------------|-------------------------|-------------------------------------|--|--|
| 3340 SW 32 AVE 3340 SW 32 AVE MIAMI FL 33133 MIAMI FL 33133-5135 | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 04/25/1996 |
| 2. Principal Pi | ace of Business | 2a. Mailing Address | | | | 4. FEI Number |
| Suite, Apt. | #, etc | Suite, Apt. #, etc. | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 5. Certificate of Status Desired \$8.75 Additional | |
| City & State | | City & State | | | Fee Required | |
| 23 | e e e e e e e e e e e e e e e e e e e | 28 | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| Zıp | | | Cou | ntry | | This corporation has liability for intangible tax under s. 199.032, |
| 24 | 9. Name and Address of Curren | | 30 | | | Florida Statutes Yes No 10. Name and Address of New Registered Agent |
| | 9. Name and Address of Conten | t nagistorau Agerit | | 81 | Name | 10. Halle and Address of New Registered Agent |
| STARKE | LEONARDO D | | | 82 | | uddress (P.O. Box Number is Not Acceptable) |
| 3340 SW 32 AVE | | | l | | SHOOL AC | address (r.o., box number is not noceptable) |
| MIAMI FI | L 33133 | | Ī | 83 | | |
| | | | | 64 | 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 ANI | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PVST | DELETE | 1.1 TI | 1.1 TITLE | | Change Addition |
| NAME | Roberts, William H | | 1.2 NAME | | | |
| STREET ADDRESS | 3340 SW 32 AVE | | 1.3 STREET | | ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33133 | | 1.4 C/TY - S | | r-21P | |
| THTLE | D | ☐ DELETE | 2.1 TITLE | | | Change |
| NAME | ROBERTS, CLEVELAND JR | | 2.2 NAME | | | |
| STREET ADDRESS | 1540 NW 203 STREET | | 2.3 STREET | | | . √w |
| CITY-ST-ZIP | MIAMI FL 33169 | ☐ DELETE | 2. 4 CITY- 3.1 TITLE | | T-ZIP | . Change Addition |
| TITLE | DODERTO OLEVELAND III | ☐ bereit | 3.1 THLE 3.2 NAME | | | En cusuña - En vacidon |
| NAME STREET ADDRESS | ROBERTS, CLEVELAND III 1350 NW 182 ST | | 3.3 STREET | | 1000000 | |
| | MIAMI FL 33169 | | 3.4. CITY-5 | | 1 | |
| CITY - ST - ZIP | D | DELETE | 4.1 TITLE | | 1-20 | Change Addition |
| NAME | WILLIAMS, W. GARY | | 4. 2 NAME | | 1 | |
| STREET ADDRESS | 7331 N. MIAMI AVENUE | | 4.3 STREET | | ADORESS | |
| CHTY-ST-ZIP | MIAMI FL | | 4.4 CITY-5 | | - 1 | |
| TITLE | D | ☐ DELETE | 51 TITLE | | | Change Addition |
| NAME | SANDILANDS, VERTHELIA | | 5.2 NAME | | - 1 | |
| STREET ADDRESS | | | 5.3 ST | NEET . | address | |
| CITY-ST-ZIP | MIAMI FL | | 5.4 CI | TY - 51 | T-ZIP | |
| TITLE | | | 6.1 Tr | TLE | | Change Addition |
| NAME | | | 6.2 NA | WE | - | \cdot |
| STREET ADDRESS | | | 6.3 ST | REET | ADDRESS | |

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 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 of annual or or an attachment with an address.

SIGNATURE:

THE PRINCE TYPED OF PRINTED NAME OF BIONING OFFICER OR DIRECTOR

4/28/97

(365)442-4245 Daytime Phone # 0026935

FILED

May 12 1997 8:00am

Secretary of State