## **FILE NOW: FILING FEE IS \$61.25**

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9500001415 (7) 1. Corporation Name

THE PROJECT STABLE FOUNDATION, INC.

5790 SW 130 / FT LAUDERDAI		5790 SW 130 AVE FT LAUDERDALE FL 33330-3106							
						3. Date Incorporated or Qualifier 03/23/1995	3a. D	ate of Last R 04/03/19	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 65-0551042	· · · · · · · · · · · · · · · · · · ·	<del></del>	pplied For ot Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional	
City & Stat	e	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be
Zip	Country	Zip	Co	untry		8. This corporation has liability for	<del>-</del>		
24	25	29	30			Florida Statutes	☐ Yes 】		100.002,
	9. Name and Address of Curre	nt Registered Agent		<u> </u>		10. Name and Address of New	Registered	Agent	
				81	Name				
MCCARTNEY, SHELDON				82 Street Address (P.O. Box Number is Not Acceptable)					
5790 SV									
FT LAUI	DERDALE FL 33330			83					
				84	City	······································	FL	<b>85</b> Zip (	Code
11. Pursuant office or agent. La	to the provisions of Sections 617.05 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 617 1508, Florida Statut e of Florida. Such change was a pations of, Section 617.0503, Flo	tes, the a authoriz- orida Sta	above ed by atutes	named the corp	corporation submits this statement for the toration's board of directors. I hereby according to the control of	purpose o	f changing it	s registered registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E Regisler	ed Age	nt signature	required when reinstaling)	DATE		
12.	<del></del>	ID DIRECTORS	13			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 12
TITLE	D	☐ DELETE	1.87	TITLE		D		Change	Addition
NAME	MCCARTNEY, SHELDON		1.2	NAME		Boziwick, Andrea			
STREET ADDRESS	5790 SW 130 AVE		1.3	STREET	address	5790 SW 130 AVE			
CITY-ST-ZIP			_			FT LAUDERDALE, FL	3331		<u> </u>
TITLE	_			2.1 TITLE				Change	■ Addition
NAME	MCCARTNEY, SANDRA			2.2 NAME					
STREET ADDRESS	5790 SW 130 AVE		2.3 STREET ADD			1			
CITY-ST-ZIP	FT LAUDERDALE FL 33330			2. 4 CITY-ST-ZIP				Change	Addition
TITLE				3.1 TITLE 3.2 NAME				Change	■ Addition
NAME	BOZIWICK, BRUCE 5790 SW 130 AVE								
STREET ADORESS	FT LAUDERDALE FL 33330		1		ADDRESS				
CITY-ST-ZIP TITLE	FI LAUDENDALE IE 33330	☐ DELETE		CITY-S	SI - ZIP			Change	Addition
NAME		had been		NAME				L. Onlange	L. J. ADDISTORT
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-S					
TITLE		DELETE	_	TITLE	1 - 211			Change	Addition
NAME			1	NAME					
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP			1	CMY-S					
TITLE		☐ DELETE		TITLE		••••••••••••••••••••••••••••••••••••••		Change	Addition
NAME			6.2	NAME				-	
STREET ADDRESS			6.3	STREET	ADDRESS				
CITY-ST-ZIP			6.4	CITY-S	T-ZIP				
informatic Lam an c	by certify that the information supplie on indicated on this annual report or officer or director of the corporation of on Block 12 or Block 13 if changed, o	supplemental annual report is to the receiver or trustee empore	true and vered to	e exec exec	mption s rate and ute this r	tated in Section 119.07(3)(i), Florida Stati that my signature shall have the same le eport as required by Chapter 617, Florid	ites. I furthe gal effect a Statutes; a	er certify that s if made un and that my r	the der oath; that name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheldon McCartney

97 (954) 463-4446

**FILED** 

Jan 23 1997 8:00am

Secretary of State