FILE NOW: FILING FEE IS \$61.25					FILED	
	NONPROFIT		FLORIDA DEPARTMENT OF STATE		Jan 24 1997 8:00am	
	PORATION JAL REPORT			, Mortham y of State		
	1997 Division of co		•			
DOCUI	MENT # N9500	000019	79 (2))		
j. Fre	D DANKER FAMILY FOUN	dation, in().			nanta kenan anan arawa deke danan terra
Principal Place of Business Mailing Address						
2635 SOUTH WEST GREENWICH WAY2635 SOUTH WEST GREENWPALM CITY FL 34990-7510PALM CITY FL 34990-7510				WICH WAY		
					3. Date Incorporated or Qualified 04/24/1995	3a. Date of Last Report 04/22/1996
2. Principal P	FAS BUVE	2a. Mailing 26	g Address		4. FEI Number 65-0584122	Applied For Not Applicable
Suite, Apt.		Suite,	Apt. #, etc.	<u> </u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City &	State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip		Country	8. This corporation has liability for	
24	25 9. Name and Address of Curre	29 Int Registered A	gent	30	Florida Statutes	
DANKE	r, J. Fred			81 Name 82 Street Add	iress (P.O. Box Number is Not Acceptab	
2635 S(OUTH WEST GREENWICH WAY	r			ress (F.O. Box Number is Not Acceptad	
Palm C	XTY FL 34990-7510			83 84 City		
11 0		00 and 617 1600	- Florido Ototut	[• ·] •,	accelion as has the this statement for the	FL 85 Zip Code
office or r agent 1 a SIGNATURE	registered agent or both, in the Stat	galons of, Sector	h change was e in 617.0503, Fic	authorized by the corpora prida Statutes.	poration submits this statement for the p ation's board of directors. I hereby accept ////////////////////////////////////	the appointment as registered
12.		gent and the if applicat ND DIRECTORS	DIB. (NOT	E Registered Agent signature requ 13.	ared when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
TITLE PRES			DELETE	1.1 TITLE		CERS AND DIRECTORS IN 12
NAME STREET ADDRESS	DANKER, J. FRED 2635 SOUTH WEST GREEN	WICH WAY		1.2 NAME 1.3 STREET ADDRESS		
CITY - ST - ZIP	PALM CITY FL 34990-7510			1.4 CITY - ST - ZIP		Change Addition
TITLE NAME	KIMBRELL, JOANN C			2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS	1479 ALLEN STREET			2.3 STREET ADDRESS		
CITY-ST-ZIP	MT. PLEASANT SC 29464		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE NAME	DANKER, JOHN W			3.2 NAME		
STREET ADDRESS	7500 S.W. 81ST AVENUE			3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143			3.4. CITY - ST - ZIP		
TITLE	D DANKER, THOMAS F		DELETE	4.1 TITLE 4. 2 NAME		Change L Addition
STREET ADDRESS	16900 S.W. 264TH STREET			4.3 STREET ADDRESS		
CITY - ST- ZIP	HOMESTEAD FL 33031			4.4 CITY - ST - ZIP		
TITLEV, PRES	D	CAR A		5.1 TITLE		Change Addition
ALAB AT	DANKER HILDEL	AHRV H.	WAY	5.2 NAME 5.3 STREET ADDRESS		
			510	5.4 CITY-ST-ZIP		
STREET ADDRESS	DALM CITY. FL 3	54440-1				
STREET ADDRESS CITY - ST - ZIP TITLE	DANKER, HILDEL 21,355.W. GRE DALM CITY, FL 3	34990-1	DELETE	0.1 mile		Change Addition
STREET ADDRESS <u>City - St - Zip</u> Title NAME	DALM CITY, FL 3	<u>34990~/</u>	DELETE	6.2 NAME		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DALM CITY, FL 3	<u>34990-7</u>	DELETE	6.2 NAME 6.3 STREET ADDRESS		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do herei	by certify that the information suppli-	ed with this filing	does not qualit	6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Vy for the exemption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the
STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 14. I do herei informatic I am an o	by certify that the information suppli- on indicated on this annual report or fficer or director of the corporation (ed with this filing supplemental ar	does not qualit	6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP by for the exemption state rule and accurate and that ered to execute this report	d in Section 119.07(3)(i). Fiorida Statute at my signature shall have the same lega of as required by Chapter 617, Fiorida S	s. I further certify that the
STREET ADDRESS DITY - ST - ZIP ITLE HAME STREET ADDRESS DITY - ST - ZIP I4. I do herei informatic I am an o appears I	by certify that the information suppli- on indicated on this annual report or flicer or director of the corporation or in Block 12 or Block 13 if changed, block 12 or Block 13 if changed, block 12 or Block 13 if changed, block 12 or Block 13 if changed, bl	ed with this filing supplemental ar	does not qualit	6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP by for the exemption state rule and accurate and that ered to execute this report	at my cinnature chall have the come land	s. I further certify that the
TREET ADDRESS ITY - ST - ZIP TLE AME TREET ADDRESS ITY - ST - ZIP 4. I do herei informatio I am an o	by certify that the information suppli- on indicated on this annual report or fficer or director of the corporation of in Block 12 or Block 13 if changer, URE:	ed with this filing supplemental ar	does not qualif nual report is t trustee empow ient with an add	6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP by for the exemption state rule and accurate and that rered to execute this repor- tress.	at my cinnature chall have the come land	s. I further certify that the