FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

N95000002726 (6)

DOCUMENT # 1. Corporation Name	N95000002726
PHONETICALLY SOI	UND FOUNDATION, INC.

Principa' Place of Business Mailing Address 1645 THRD STREET 1645 THRD STREET DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117								
					 Date Incorporated or Qualified 06/02/1995 	3a. Date o	Last R	eport
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			oplied For
21		26			59-3320576			ot Applicable
Suite, Apt. (#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee R	Additional equired
City & State	•	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
23]	Country	700	T Cou	untry	This corporation has liability for in	ntangible tay ur		
Zip	Country	Zip	30	ariu y		Yes XNo		33.002,
.4	25 9. Name and Address of Currer		30		10. Name and Address of New Ro	gistered Age	nt	
	3			81 Name				
1645 TH	Bertha IIRD Street IA Beach Fl 32117			82 Street Ac	dress (P.O. Box Number is Not Acceptable	e)		
				84 City		FL 8	5 Zp	Code
SIGNATURE	th, and accept the objigations of, Sec	right			unud when renstating: ADDITIONS/CHANGES TO OFFI	4-22-91 DATE CERS AND DIE		RS IN 12
TITLE	D	DELETE		TITLE			hange	☐ Addition
NAME	JOHNSON, LAWANA		121	YAME				
STREET ADORESS	1645 THIRD STREET		1.3 5	STREET ADDRESS				
CITY-ST-ZIP	DAYTONA BEACH FL 32117		1.4 (CITY - ST - ZIP				
TITLE	D	DELETE	211	TITLE			Change	☐ Addition
NAME	BRIGHT, BERTHA		221	NAME				
STREET ADDRESS	1645 THIRD STREET		23	STREET ADDRESS				
CITY-ST-ZIP	DAYTONA BEACH FL 32117	Filos ste		CITY - ST - ZIP			Change	Addition
TITLE	0	DELETE		TITLE		r,	Hariye	L] Addition
NAMÉ	MCCRARY, EARL C			NAMÉ PTOSST ADODSSS				
STREET ADDRESS	122 HARNEY STREET			STREET ADORESS CITY-ST-ZIP				
CITY-ST-ZIP TITLE	DAYTONA BEACH FL 32114	DELETE		TITLE			Change	☐ Addit∙on
NAME		Lad		NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-S1-ZIP				
TITLE		DELETE		TITLE			Change	Addition
NAME			52	NAME				
STREET ADDRESS			53	STREET ADDRESS				
CITY-ST-ZIP			54	CITY-ST-ZIP			01	Ti kara in
TITLE		DELETE		TITLE			Change	☐ Addition
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY - ST - ZIP			64	CITY-ST-ZIP	h, for the exemption stated in Section 110	07/31/k) Florid	a Statut	es I further
14. I do here certify the		nual report or supplemental poration or the receiver or to	annuai repor isteo enipov		fy for the exemption stated in Section 119 curate and that my signature shall have the this report as required by Chapter 617, Fi			

LaWana

ED OR PANTED NAME OF SIGNING OFFICER OR DIRECTOR

Johnson

4-22-96