

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION .
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002910 (6)

1. Corporation Name

REV. BENJAMIN GRIFFIN KIDNEY RESEARCH & TREATMENT FUND INC.



Principal Place of Business

Mailing Address

2035 W. CENTRAL BLVD.
ORLANDO FL 32805

2035 W. CENTRAL BLVD.
ORLANDO FL 32805

~~2035 West Central Blvd.~~

~~P.O. Box 555978~~

21 2035 W. Central Blvd.

2a. Mailing Address
26 P.O. Box 555878

22 Deland FL

27 Deland FL

23

28 Deland FL

24 32805

25 Orange

29 32805

30 Orange

3. Date Incorporated or Qualified
06/15/1995

3a. Date of Last Report

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAXWELL, FRED L
2035 W. CENTRAL BLVD.
ORLANDO FL 32805

81 Name **Fred L. Maxwell**

82 Street Address (P.O. Box Number is Not Acceptable)
2035 W. Central Blvd.

83

84 City **Deland**

FL

85 Zip Code **32805**

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 **Fred L. Maxwell** **2035 W. Central Blvd. Orlando - 6/24/96**
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | Fred L. Maxwell <input type="checkbox"/> DELETE |
| NAME | Fred L. Maxwell |
| STREET ADDRESS | 2035 W. Central Blvd. |
| CITY - ST - ZIP | Deland, FL 32805-674/96 |
| TITLE | Glenda Davis <input type="checkbox"/> DELETE |
| NAME | Glenda Davis |
| STREET ADDRESS | 2031 Veranda Circle |
| CITY - ST - ZIP | Orlando, FL 32808 |
| TITLE | Jennifee Wallace <input type="checkbox"/> DELETE |
| NAME | Jennifee Wallace |
| STREET ADDRESS | 2020 W. Jackson St. |
| CITY - ST - ZIP | Deland, FL 32805 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IS: | |
|---|---|
| 1.1 TITLE | President <input type="checkbox"/> Addition |
| 1.2 NAME | Fred L. Maxwell |
| 1.3 STREET ADDRESS | 2035 W. Central Blvd. |
| 1.4 CITY - ST - ZIP | Deland, FL |
| 2.1 TITLE | Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Glenda Davis |
| 2.3 STREET ADDRESS | 2031 Veranda Cr. |
| 2.4 CITY - ST - ZIP | Orlando, FL 32808 |
| 3.1 TITLE | Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Jennifee Wallace |
| 3.3 STREET ADDRESS | 2020 W. Jackson St. |
| 3.4 CITY - ST - ZIP | Deland, FL 32805 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | 200001897408 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | -07/18/96--01011--011 |
| 6.3 STREET ADDRESS | ***61.25 |
| 6.4 CITY - ST - ZIP | 7/17/96 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE **Fred L. Maxwell**

6/24/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # **407/425-7728**

CR2E037 (12/95)