

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 555878

2. Principal Place of Business

2a. Mailing Address

21 2035 W. Central Blvd.

26 P.O. Box 555878

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Deland FL

27

City & State

City & State

23

28 Deland FL

Zip

Zip

24 32805

29 32805

Country

Country

25 Orange

30 Orange

9. Name and Address of Current Registered Agent

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

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 FL 32805-674/96 DATE 6/24/96

12. OFFICERS AND DIRECTORS

TITLE	<i>Fred L. Maxwell</i>	<input type="checkbox"/> DELETE
NAME	<i>Fred L. Maxwell</i>	
STREET ADDRESS	<i>2035 W. Central Blvd.</i>	
CITY - ST - ZIP	<i>Orlando, FL 32805-674/96</i>	
TITLE	<i>Glenda Davis</i>	<input type="checkbox"/> DELETE
NAME	<i>Glenda Davis</i>	
STREET ADDRESS	<i>2031 Veranda Circle</i>	
CITY - ST - ZIP	<i>Orlando, FL 32808</i>	
TITLE	<i>Jennifer Wallace</i>	<input type="checkbox"/> DELETE
NAME	<i>Jennifer Wallace</i>	
STREET ADDRESS	<i>2020 W. Jackson St.</i>	
CITY - ST - ZIP	<i>Orlando, FL 32805</i>	
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 12	
1.1 TITLE <i>President</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <i>Fred L. Maxwell</i>	
1.3 STREET ADDRESS <i>2035 W. Central Blvd.</i>	
1.4 CITY - ST - ZIP <i>Orlando, FL</i>	
2.1 TITLE <i>Secretary</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <i>Glenda Davis</i>	
2.3 STREET ADDRESS <i>2031 Veranda Cr.</i>	
2.4 CITY - ST - ZIP <i>Orlando, FL</i>	
3.1 TITLE <i>Treasurer</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <i>Jennifer Wallace</i>	
3.3 STREET ADDRESS <i>2020 W. Jackson St.</i>	
3.4 CITY - ST - ZIP <i>Orlando, FL</i>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/96
405/425-7728

CR2E037 (12/95)