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Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003254 (8)

1. Corporation Name

NEW PINES FOUNDATION INCORPORATED

Principal Place of Business

Mailing Address

111 SE FIRST ST.
BOCA RATON FL 33432
US

111 SE FIRST ST.
BOCA RATON FL 33432-4812
US



3. Date Incorporated or Qualified 07/10/1995
3a. Date of Last Report 04/25/1996

21. Principal Place of Business 100 NW Boca Raton Blvd Suite, Apt. #, etc. 22. c/o Police Services City & State 23. Boca Raton, FL Zip 33432 Country USA	26. Mailing Address 100 NW Boca Raton Blvd Suite, Apt. #, etc. 27. c/o Police Services City & State 28. Boca Raton, Florida Zip 33432 Country USA	4. FEI Number 65-0599198 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEVENS, ELTON
111 SE FIRST ST
BOCA RATON FL 33432

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MASSEY, CHARLES R 777 W. GLADES ROAD BOCA RATON FL 33431 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D McGinn, Sandra 201 W. Palmetho Park Rd Boca Raton, Florida 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VPB PD PETRACCO, PETER A 100 NW BOCA RATON BOULEVARD BOCA RATON FL 33432 <input type="checkbox"/> DELETE	1.2 NAME	Hilton, Robert 100 NW Boca Raton Blvd Boca Raton, Florida 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	SD PARKS, BUDDY 150 NW CRAWFORD BLVD BOCA RATON FL 33432 <input type="checkbox"/> DELETE	1.3 STREET ADDRESS	Newsome, Dr. Manny 777 Glades Road Boca Raton, Florida 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	TD STEVENS, ELTON S 111 SE FIRST STREET BOCA RATON FL 33432 <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	Dunay, Mary 399 NW Boca Raton Blvd Boca Raton, Florida 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D STEVENS, TRUDI N 111 SE FIRST STREET BOCA RATON FL 33432 <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	D KNIBBS, ANDREA 600 FAIRWAY DRIVE, SUITE 109 DEERFIELD BEACH FL 33441 <input type="checkbox"/> DELETE	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: MRS. SIOBHAN M. LECHEMANN, 1-12-97, 561-391-2916

CR2E037 (9/96)