

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

FILED
Apr 28 1996 8:00 am
Secretary of State

DOCUMENT # N95000003595 (4)
1. Corporation Name

INSTITUTE FOR FLORIDA'S FUTURE, INC.



Principal Place of Business: **3399 PONCE DE LEON BLVD. STE 203 MIAMI FL 33134**
Mailing Address: **POST OFFICE BOX 144155 CORAL GABLES FL 33114**

3. Date Incorporated or Qualified 07/27/1995	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

HARRELL, SALLY S
3399 PONCE DE LEON BLVD. STE 203
MIAMI FL 33134

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	ALFONSO, CARLOS
STREET ADDRESS	1705 NO. 16TH STREET
CITY-ST-ZIP	TAMPA FL 33605
TITLE	D <input type="checkbox"/> DELETE
NAME	AUSTIN, JEANIE
STREET ADDRESS	1338 BUCKWOOD DRIVE
CITY-ST-ZIP	ORLANDO FL 32806
TITLE	D <input type="checkbox"/> DELETE
NAME	BUSH, JEB
STREET ADDRESS	2 ALAHAMBRA PLAZA
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	D <input type="checkbox"/> DELETE
NAME	CROUSE, JAY
STREET ADDRESS	1800 2ND STREET STE 755
CITY-ST-ZIP	SARASOTA FL 34236
TITLE	D <input type="checkbox"/> DELETE
NAME	GILL, LINDA
STREET ADDRESS	POST OFFICE BOX 21277 A-A
CITY-ST-ZIP	FORT LAUDERDALE FL 33335
TITLE	D <input type="checkbox"/> DELETE
NAME	HANDY, PHIL
STREET ADDRESS	POST OFFICE BOX 3090 A-A
CITY-ST-ZIP	WINTERPARK FL 32790

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

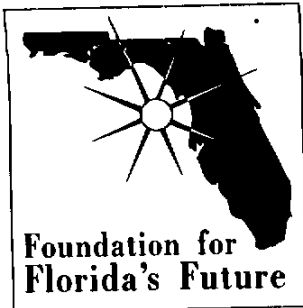
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Harrell, Sally S.
1.3 STREET ADDRESS	241 John Knox Road, Suite 101
1.4 CITY-ST-ZIP	Tallahassee, FL 32303
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

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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: Sally S. Harrell **4-15-96 904-386-5097**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)



Additional Officers and Directors

HONORARY CHAIRMAN
The Honorable Jack Kemp

CHAIRMAN
Jeb Bush

- BOARD OF DIRECTORS**
 Carlos Alfonso
 Karl Altenburger
 Jeanie Austin
 Kim Binkley-Seyer
 Representative Allen Boyd
 Bill Bull
 Nora Bulnes
 Bertica Cabrera
 Cheryl Cliett
 Senator Charlie Crist
 Jay Crouse
 The Honorable Miguel DeGrandy
 Pramila Desai
 Paula Dockery
 Margaret Lynn Duggar
 Ann Duncan
 Audley Evans
 T. Willard Fair
 Kathleen Finnegan
 Norene Frazier
 Dr. Lois Gerber
 Linda Gill
 Barbara Gothard
 Charlotte Greenberg
 Dr. Pedro Greer
 Phil Handy
 Suzanne Harper
 Cynthia Henderson
 Charlie Hilton
 Al Hoffman
 Mayor Glenda Hood
 Representative Buddy Johnson
 Senator George Kirkpatrick
 Milton Laverna
 Marc Little
 Amelia Rae Maguire
 Dr. Stanley Marshall
 Mel Martinez
 Dr. Jeane McCarthy
 Clarence McKee
 Representative Sharon Merchant
 Elaine Miceli
 The Honorable Wayne Mixson
 Carol Moore
 Maryanne Morse
 Pam Mullarkey
 Billie Neese
 Wendy Nelson
 Tom Petway
 Herb Peyton
 Sergio Pino
 Jim Robinson
 Carlos Salman
 Betty Sembler
 Linda Sherrer
 The Honorable Jim Smith
 Mac Stipanovich
 Jacob Stuart
 Ofelia Tabares
 Commissioner Art Teele
 Sheriff Tom Tramel
 Commissioner Ron Weaver
 Sheriff Charlie Wells
 Barbara Wilcox
 Senator Charles Williams

Title: D
Name: Alfred Hoffman
Street Address: 3213 Polo Place
City, ST, Zip: Plant City, FL 33567

Title: D
Name: Buddy Johnson
Street Address: 1101 Goldfinch Drive
City, ST, Zip: Plant City, FL 33566

Title: D
Name: Billie Neese
Street Address: 600 Sunnyside Court
City, ST, Zip: Ft. Myers, FL 33919

Title: D
Name: Sergio Pino
Street Address: 431 Costanera Road
City, ST, Zip: Coral Gables, FL 33143

3399 Ponce de Leon Blvd. • Suite 203 • Coral Gables, FL 33134
 Post Office Box 144155 • Coral Gables, FL 33114
 305/442-0414 • Fax 305/442-2215
 241 John Knox Road • Suite 101 • Tallahassee, FL 32303
 904/386-5097 • Fax 904/386-5399