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 #	N95000003995	(6)
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ACT OF KINDNESS, INC.

Principal Place	e of Business	Mailing Address		1 +0.534101 At 0 1044 01111 50111 9011	L Mant Muste Muide stres estift blief blief feit effe!
340 S. STAT MARGATE FI		340 S. STATE RD 7 MARGATE FL 33068			
•				 Date Incorporated or Qualified 08/21/1995 	3a. Date of Last Report N/A
2. Principal P	Place of Business	2a. Mailing Address 26 340 5 51	2017	4. FEI Number	Applied For
	ame as Above		μυ '	1.5-0607296	Not Applicable
Suite, Apt.		Šuite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State 28 Mon 5 at	FI	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29 33063	30 Brown		Yes Mo
	9. Name and Address of Currer	t Registered Agent	nel all	10. Name and Address of New F	legistered Agent
			81 Name	HARRY White	
WHITE,			82 Street	Address (P.O. Box Number is Not Acceptab	ole)
	STATE RD 7		83	340 S, ST. RD.	7
SUITE F			63		
MAHGA	TE FL 83063		84 City	MARGATE	85 Zip Code
d Durana	ha the are in a st C - V C17 D500				FL 33068
or registe	ared agent, or both, in the State of Flori	and 617.1508, Florida Statt da Such change was author	ized by the corporation's	orporation submits this statement for the pust board of directors. I hereby accept the app	rpose of changing its registered offic ontment as registered agent. I am
tamiliar w		ion 617.0503/ Florida Statute	es.		
SIGNATURE	Signature, typed or printed name of regulared agent	MUL	NOTE: Registered Agent signature		DATE
12.	OFFICERS AN	O DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	President	DELETE	1.1 TITLE		Change
NAME	PAM Dunovan	ν –	1.2 NAME		
STREET ADDRESS	2042 Dolan Dlock		1.3 STREET ADDRESS		
CITY-ST-ZIP	Morgate F1 33663		1.4 CITY - ST - ZIP		
TITLE	Mongate F1 33063	DELETE	21 TITLE		☐ Change ☐ Addition
NAME	Harry white 5809 NW 18Ct. Margate Fl 33063	D	2 2 NAME		
STREET ADDRESS	5809 NW 18CT		2 3 STREET ADDRESS		
CITY-ST-ZIP	Margate FI 3300-)	2.4 CITY-ST-ZIP		
TITLE	sec/Tres Charle	s Donoyallytere	3.1 TITLE		Change Addition
NAME	3042 Palm Place Mangate Fla 3x	^	3.2 NAME		
STREET ADDRESS	Mangate Fla 3x	163 D	3 3 STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		3 4 CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET AODRESS			4.3 STREET ADDRESS		
CHTY-ST-ZIP		Decem	4.4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE	70000188 -07/03/96010	335 Demoge Addition
NAME			5.2 NAME	-07/03/96010	170029
STREET ADDRESS			5 3 STREET ADDRESS	***61.25	
CITY-ST-ZIP			54 CITY-ST-ZIP		

61 TITLE

62 NAME

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 upser 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.

6.3 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

AFRIL 28, 1946 (305) 973-1944
Dayline Phone 1

Change

Addition