


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 29 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N95000003995 (6)**

1. Corporation Name

**ACT OF KINDNESS, INC.**

Principal Place of Business

Mailing Address

**340 S. STATE RD 7  
MARGATE FL 33068**

**340 S. STATE RD 7  
MARGATE FL 33068**

3. Date Incorporated or Qualified

**08/21/1995**

4. FEI Number

**65-0607296**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 3125 St Rd 7**

**26 312 S. St. Rd 7**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Margate FL**

**27 Margate FL**

City & State

City & State

**23 33068 Broward**

**28 33068 Broward**

Zip

Country

Zip

Country

**24 33068**

**25**

**29 33068**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, HARRY  
340 S. STATE RD 7  
MARGATE FL 33068**

81 Name

**HARRY White**

82 Street Address (P.O. Box Number is Not Acceptable)

**312 S State Rd 7**

83

**Margate FL**

**33068**

84 City

**FL**

85 Zip Code

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

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

**Vice-President HARRY White 1-20-98**  
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| TITLE          | PD               | <input type="checkbox"/> DELETE |
| NAME           | DONOVAN, PAM     |                                 |
| STREET ADDRESS | 3042 PALM PLACE  |                                 |
| CITY-ST-ZIP    | MARGATE FL 33063 |                                 |

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | VPD               | <input type="checkbox"/> DELETE |
| NAME           | WHITE, HARRY      |                                 |
| STREET ADDRESS | 10301 NW 36 ST #6 |                                 |
| CITY-ST-ZIP    | CORAL SPRINGS FL  |                                 |

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| TITLE          | STD              | <input type="checkbox"/> DELETE |
| NAME           | DONOVAN, CHARLES |                                 |
| STREET ADDRESS | 3042 PALM PLACE  |                                 |
| CITY-ST-ZIP    | MARGATE FL 33063 |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| 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    |  |                                 |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |

|                    |   |
|--------------------|---|
| 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    |   |

14. I 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: **Pam Donovan**  
**President Pam Donovan 1-20-98 973-1944**  
(954)

CR2E037 (10/97)