

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000004490 (7)**

1. Corporation Name

THE WOOD FAMILY INTERNATIONAL FOUNDATION FOR MULTIPLE SCLEROSIS, INC.

Principal Place of Business

Mailing Address

**1535 SOUTHEAST 17TH STREET
SUITE 206
FORT LAUDERDALE FL 33316**

**1535 SOUTHEAST 17TH STREET
SUITE 206
FORT LAUDERDALE FL 33316**

FILED

96 AUG -1 PM 1:23

SECRETARY OF STATE

TAU...
...
...



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/19/1995		3a. Date of Last Report	
21 888 E. LAS OLAS BLVD.		26 888 E. LAS OLAS BLVD.		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 3RD FLOOR		27 3RD FLOOR		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 FT. LAUD., FL		28 FT. LAUD., FL.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33301		25		29 33301		30	
Zip		Country		Zip		Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**PELLEGRINO, ANTHONY W ESQ.
524 SOUTH ANDREW AVENUE
SUITE 200-N
FORT LAUDERDALE FL 33301**

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

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	VD	1.1 TITLE	
NAME	WOOD, MERLE A II	1.2 NAME	
STREET ADDRESS	6215-1 BAY CLUB DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33308	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	
NAME	WOOD, JOANNE T	2.2 NAME	
STREET ADDRESS	6215-1 BAY CLUB DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33308	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	
NAME	WOOD, SCOTT T	3.2 NAME	
STREET ADDRESS	6215-1 BAY CLUB DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33308	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	
NAME	WOOD, WENDY G	4.2 NAME	
STREET ADDRESS	6215-1 BAY CLUB DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33308	4.4 CITY - ST - ZIP	
TITLE	SD	5.1 TITLE	
NAME	EATON, SANDRA J	5.2 NAME	
STREET ADDRESS	2320 CYPRESS BEND DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL 33069	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

Merle A. Wood II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)