

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION
 ANNUAL REPORT
 1997



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

APPROVED AND FILED
 97 OCT -2 AM 8:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N95000004625 (8)**

1. Corporation Name

RAYMOND AND MARIA FLOYD CHILDREN'S CHARITIES, IN C.



Principal Place of Business

Mailing Address

ROOM 21-16
 1221 BRICKELL AVENUE
 MIAMI FL 33131

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 1221 BRICKELL AVENUE
 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/28/1995	3a. Date of Last Report 04/26/1996
4. FEI Number 65-0615053	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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

10. Name and Address of New Registered Agent

BENFORD, NORMAN J
1221 BRICKELL AVENUE
MIAMI FL 33131

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

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, RAYMOND L	1.2 NAME	
STREET ADDRESS	24 INDIAN CREEK ISLAND	1.3 STREET ADDRESS	200002315462--6
CITY-ST-ZIP	MIAMI BEACH FL 33154	1.4 CITY-ST-ZIP	-10/08/97--01110--014
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	*****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, MARIA K	2.2 NAME	
STREET ADDRESS	24 INDIAN CREEK ISLAND	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33154	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHIPPS, OGDEN M	3.2 NAME	
STREET ADDRESS	222 ROYAL PALM WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURM, STEVE	4.2 NAME	
STREET ADDRESS	19001 SOUTH WESTERN AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TORRANCE CA 90509	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, GREG	5.2 NAME	
STREET ADDRESS	19001 SOUTH WESTERN AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TORRANCE CA 90509	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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

[Signature]

9-23-97

CR2E037 (4/97)