


FILE NOW: FILING FEE IS \$61.25

FILED

May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004625 (8)**
1. Corporation Name

RAYMOND AND MARIA FLOYD CHILDREN'S CHARITIES, INC.



Principal Place of Business ROOM 21-16 1221 BRICKELL AVENUE MIAMI FL 33131	Mailing Address ROOM 21-16 1221 BRICKELL AVENUE MIAMI FL 33131
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3. Date Incorporated or Qualified 09/28/1995
4. FEI Number 65-0615053
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Not Applicable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 231 Royal Palm Way Suite, Apt. #, etc.	2a. Mailing Address 26 231 Royal Palm Way Suite, Apt. #, etc.
22 City & State 23 Palm Beach, FL Zip 24 33480 Country 25	27 City & State 28 Palm Beach, FL Zip 29 33480 Country 30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BENFORD, NORMAN J 1221 BRICKELL AVENUE MIAMI FL 33131	
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10. Name and Address of New Registered Agent	
81 Name Maria K. Floyd	
82 Street Address (P.O. Box Number is Not Acceptable) 231 Royal Palm Way	
83	
84 City Palm Beach	85 Zip Code FL 33480

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 **Maria K. Floyd** *Maria K. Floyd* **4-2-98**
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, RAYMOND L	1.2 NAME	
STREET ADDRESS	24 INDIAN CREEK ISLAND	1.3 STREET ADDRESS	231 Royal Palm Way
CITY-ST-ZIP	MIAMI BEACH FL 33154	1.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, MARIA K	2.2 NAME	
STREET ADDRESS	24 INDIAN CREEK ISLAND	2.3 STREET ADDRESS	231 Royal Palm Way
CITY-ST-ZIP	MIAMI BEACH FL 33154	2.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHIPPS, OGDEN M	3.2 NAME	Mr. George A. Lesnick, Jr.
STREET ADDRESS	222 ROYAL PALM WAY	3.3 STREET ADDRESS	231 Royal Palm Way
CITY-ST-ZIP	PALM BEACH FL 33480	3.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	D <input checked="" 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 checked="" 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	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	231 Royal Palm Way
1.4 CITY-ST-ZIP	Palm Beach, FL 33480
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	231 Royal Palm Way
2.4 CITY-ST-ZIP	Palm Beach, FL 33480
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mr. George A. Lesnick, Jr.
3.3 STREET ADDRESS	231 Royal Palm Way
3.4 CITY-ST-ZIP	Palm Beach, FL 33480
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: **Maria K. Floyd** *Maria K. Floyd* **4-2-98** **561-833-2622**

CR2E037 (10/97)