

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90217 042 ****61.25

DOCUMENT # N95000005208

1. Corporation Name

CATLIN FOUNDATION, INC.

Principal Place of Business

801 BRICKELL AVENUE
19TH FLOOR
MIAMI FL 33131

Mailing Address

801 BRICKELL AVENUE
19TH FLOOR
MIAMI FL 33131



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/31/1995

4. FEI Number

65-0646287

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CALE, BARCLAY
225 HARBOR DRIVE
KEY BISCAINE FL 33149

10. Name and Address of New Registered Agent

81 Name

Charles Morgan, Jr.

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

1300 N.W. 167th Street

83

84 City

Miami

FL

85 Zip Code

33169

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

CHARLES MORGAN, JR.

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME WAINWRIGHT, NANCY

STREET ADDRESS 1400 SO. OCEAN BLVD. UNIT 202 NORTH

CITY-ST-ZIP BOCA RATON FL 33432

TITLE D ☐ DELETE

NAME PASCAL, CLARA

STREET ADDRESS 519 SEVILLA AVENUE

CITY-ST-ZIP CORAL GABLES FL 33134

TITLE DS ☐ DELETE

NAME WAINWRIGHT, ROBIN C

STREET ADDRESS 1400 SO. OCEAN BLVD. UNIT 202-NORTH

CITY-ST-ZIP BOCA RATON FL 33432

TITLE D ☐ DELETE

NAME PASCAL, ROBIN

STREET ADDRESS 364 WHITE CEDAR LANE

CITY-ST-ZIP SEVERNA PARK MD 22146

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED CHARLES MORGAN, JR.

Date

Daytime Phone #

(305) 624-0011

CR2E037 (11/98)