

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N95000005439 (3)**
1. Corporation Name
FLORIDA/CARIBBEAN DISASTER ASSISTANCE TEAM, INC.



Principal Place of Business Mailing Address
AIA FLORIDA **AIA FLORIDA**
104 EAST JEFFERSON STREET **104 EAST JEFFERSON STREET**
TALLAHASSEE FL 32301 **TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified **11/15/1995** 3a. Date of Last Report

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

4. FEI Number 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ALLEN, GEORGE A
AIA FLORIDA
104 EAST JEFFERSON STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 *George A. Allen* (NOTE: Registered Agent signature required when reinstating) DATE **4-24-96**

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **REEP, RICHARD**
STREET ADDRESS **KBJ ARCHITECTS, 510 JULIA STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32202**
TITLE DELETE
NAME **BLIZZARD, WILLIAM**
STREET ADDRESS **25 SECOND STREET, N., #100**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**
TITLE DELETE
NAME **ALLEN, GEORGE A**
STREET ADDRESS **AIA FLORIDA, 104 EAST JEFFERSON STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32301**
TITLE DELETE
NAME **Jerome Filer**
STREET ADDRESS **Filer + Hammond Architects**
CITY-ST-ZIP **7439A SW 48 St**
Miami Florida 33155-4415
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME **100001859301**
5.3 STREET ADDRESS **-06/12/96--01021--056**
5.4 CITY-ST-ZIP *****61.25**
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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: *George A. Allen* Date: **4-24-96** Daytime Phone #: **904 222-7590**

CR2E037 (12/95)