

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
104 EAST JEFFERSON STREET
TALLAHASSEE FL 32301

AIA FLORIDA
104 EAST JEFFERSON STREET
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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, GEORGE A
AIA FLORIDA
104 EAST JEFFERSON STREET
TALLAHASSEE FL 32301

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	D	<input type="checkbox"/> DELETE
NAME	REEP, RICHARD	
STREET ADDRESS	KBJ ARCHITECTS, 510 JULIA STREET	
CITY - ST - ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLIZZARD, WILLIAM	
STREET ADDRESS	25 SECOND STREET, N., #100	
CITY - ST - ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, GEORGE A	
STREET ADDRESS	AIA FLORIDA, 104 EAST JEFFERSON STREET	
CITY - ST - ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Jerome Filer	
STREET ADDRESS	Filer + Hammond Architects	
CITY - ST - ZIP	743 9A SW 48 St Miami Florida 33155-4415	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

Date

904 222-7590

Daytime Phone #

CR2E037 (12/95)