

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 # N95000005963 (2)

1. Corporation Name

THE DALY FAMILY CHARITABLE FOUNDATION, INC.



Principal Place of Business

Mailing Address

% BILL T. SMITH, JR., P.A.
980 N. FEDERAL HIGHWAY, SUITE 402
BOCA RATON FL 33432

% BILL T. SMITH, JR., P.A.
980 N. FEDERAL HIGHWAY, SUITE 402
BOCA RATON FL 33432

3. Date Incorporated or Qualified

12/19/1995

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

SMITH, BILL T JR.
980 N. FEDERAL HIGHWAY
SUITE 402
BOCA RATON FL 33432

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

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
NAME	DALY, JOHN F	
STREET ADDRESS	130 ESTUARY CIRCLE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JURSCHAK, ALEXIA D	
STREET ADDRESS	14 SUSAN PLACE	
CITY-ST-ZIP	KATONAH NY 10536	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DALY, PETER B	
STREET ADDRESS	203 MIRAMOMPES ROAD	
CITY-ST-ZIP	WOODSIDE CA 94062	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D,P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Daly, John F	
1.3 STREET ADDRESS	130 Estuary Circle	
1.4 CITY-ST-ZIP	Vero Beach, FL 32963	
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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bill T. Smith, Jr.	
4.3 STREET ADDRESS	980 N. Federal Hwy., Suite 402	
4.4 CITY-ST-ZIP	Boca Raton, FL 33432	
5.1 TITLE	D,V,T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Casilda B. Daly	
5.3 STREET ADDRESS	130 Estuary Circle	
5.4 CITY-ST-ZIP	Vero Beach, FL 32963	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	700001753577	
6.3 STREET ADDRESS	-03/22/96--01003--019	
6.4 CITY-ST-ZIP	***61.25	

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:

John F. Daly JOHN F. DALY

3/10/96

Date

Daytime Phone #

CR2E037 (12/95)