FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000001207 (7) **DOCUMENT #**

THE CORMAC MCCARTHY SOCIETY, INC.

Principal Place of Business Mailing Address 11401 SW 87TH AVE 11401 SW 87TH AVE MIAMI FL 33176-4303 MIAMI FL 33176 3. 2. Principal Place of Business 2a. Mailing Address 4. 26 Suite, Apt #, etc. Suite, Apt. #, etc. 5. 27 22 City & State City & State 6. 23 28 Country Zip Zip Country 8. 25 30 24 29 9. Name and Address of Current Registered Agent 10 81 Name WALLACH, RICHARD S 62 Street Address (I 11401 SW 87TH AVE **B3** MIAM! FL 33176 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with and accompanie obligations of Section 617.0508 Florida Statutes. SIGNATURE Signature types or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required whe 12. OFFICERS AND DIRECTORS 13. PRES DELETE TITLE 1.1 TITLE Þ 1.2 NAME EDW NAME 11 M 1.3 STREET ADDRESS STREET ADDRESS Boon 1.4 CITY - ST - 7L CITY-ST-ZIP DELETE TITLE 2.1 TITLE DIANN 2 2 NAME NAME VICE 2.3 STREET ADDRESS 316 3 STREET ADDRESS 2. 4 CITY-ST colu CITY-ST-ZIP DELETE SECRE TITLE 3.1 TITLE D 3.2 NAME NAME RICH* 3.3 STREET ADDRESS 11401 STREET ADDRESS 3.4. CITY-ST-ZIP 33176 CITY-ST-ZIP MIAMI DELETE Change Addition 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

FILED Feb 18 1997 8:00am Secretary of State

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Date Incorporated or Qualified 03/01/1996	3a. Date	of Last	Report	
FEI Number			Applied For	
. Certificate of Status Desired			Addition Required	al
Election Campaign Financing Trust Fund Contribution			May Be	,
This corporation has liability for in Florida Statutes	Yes 🗹	No	s. 199.03	12,
Name and Address of New Registered Agent				
P.O. Box Number is Not Acceptable))			
	FL	85 Zij	Code	
on submits this statement for the puboard of directors. I hereby accept	rpose of cl	nanging ntment t	its regist is registe	ered
n reinstating)	DATE		7	
ADDITIONS/CHANGES TO OFFICE		Change	ORS IN 16	dition
N T. ARNOLD ARKET CT.	- -d			,
E C. LUCE PRESIDENT	L	Change	AC	idition
MRIA SC 29205	- 	106		-
TARY-TREMOURER ARD S. WALLACH SW87 AVE	L.	J Change	e e jac	ioilion (

6.4 CITY - ST-ZIP 14. I do 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.

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

365 378 1207