## **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

DOCUMENT # N9600001910 (6)

1. Corporation	on Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
F.N.G. FOUNDATION, INC.				
1 1110	TOURDATION, ING.			n ibanikan din jakib diriki darih antik darih darih darih bisili kidia kalah ikah darih dari
Principal Plac	ce of Business	Mailing Address		T (\$\$ DYLID) BIR TRING BINIT BRITT BRITT BRITT BRITT BRITT BRITT BRITT BRITS 1781 BRITT BRITT
1130 NO 71ST TERRACE 1130 NO 71ST TERRACE				
HOLLYWOOD FL 33024 HOLLYWOOD FL 33024-5550			)	
1				3. Date Incorporated or Qualified 3a. Date of Last Report
				04/04/1996
2. Principal Place of Business 2a, Mailing A		2a, Mailing Address		4. FELNumber Applied For
21 26				(65-7)(6-6256   Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Regulated
22		City & State		
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation has fiability for intangible tax under s. 199.032,
24	25	29	30	Florida Statutes
				10. Name and Address of New Registered Agent
			81 Name	FREN GARTIENS
KURZBAN, IRA J ESQ.			82 Street A	ddress (P.O. Box Number is Not Acceptable)
2650 SW 27TH AVENUE 2ND FLOOR			56	107 S.W. 191 Ave
MIAMI	FL 33133		83	
			B4 City	85 Zip Code
				Miami FL 33175
office or	registered agent, or both, in the Sta	te of Florida. Such change was a	uthorized by the corp	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I	am familiar with, and accept the obli		rida Statutes.	- /·l-
SIGNATURE	Signature, lived or printed name of registered a	Red CARTIENS (NOTE	: Registered Agent signature	9/4/9 7  DATE
12.			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	P/O Change ☐ Addition
NAME	MENDOZA, BARBARA G		1.2 NAME	Memoza Baebara G
STREET ADDRESS	1130 NO 71ST TERRACE		1.3 STREET ADDRESS	130 NO 71 tereace
CITY-ST-ZIP	HOLLYWOOD FL 33024		1.4 CITY-ST-ZIP	Hollywood FL 33024
TITLE	VD VD	XX DELETE	2.1 TITLE	VCD Change Addition
NAME	TROUILLOT, CARMELLE		2.2 NAME	Weston Macie F
STREET ADDRESS			2.3 STREET ADDRESS	427 Coconut Circle Deive
CITY-ST-ZIP	CORAL SPRINGS FL 33068		2 4 CITY-ST-ZIP	Port Lauderdale F1 33306
TITLE	SD WEST SUBSE	☐ DELETE	31 TITLE	Change Ly Addition
NAMÉ	WESTON, MARIE F	n er	32 NAME	HOLDROCK, HANNING
STREET ADDRESS				FOR+ Landerdale, Fl 35324
CITY - ST - ZIP	FORT LAUDERDALE FL 333	DELETE		SID Lichange MAddition
TITLE NAME	PAINSON, PIERRE R	Pa perere	4.1 TILE 4.2 NAME	
1			4.3 STREET ADDRESS	Monique Theodore Drive
STREET ADDRESS CITY-ST-ZIP	PORT AU PRINCE HAITI		4.4 CITY-ST-ZIP	Fort Lander dale F1 83306
TITLE	VD VD	X DELETE	_	
NAME	HAEG, GENETTE	<b>p=</b>	5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	tosseini, Heather 1569 Island Way
CITY-S1-ZIP	PORT AU PRINCE HAITI		5.4 CITY-ST-ZIP	Weston Fl 333alo
TITLE	. On the competition	DELETE	6.1 TITLE	M/D Change A Addition
NAME			<b>1</b>	
NAME			6.2 NAME	Bouesiquot, Janice

14. Ido 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 of Block 13 if chapted, or on an attachment with an address.

SIGNATURE.

TOVAL TURK OF CHI CHILLIA RAP L

2 28 97 (954) 962-7169
Dayline Prone Pool 0023713

**FILED** 

Mar 07 1997 8:00am

Secretary of State