

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N96000002607 (7)**

1. Corporation Name

THE GOOD DEEDS FOUNDATION, INC.

Principal Place of Business

Mailing Address

**618 ANDERSON CIRCLE
#211
DEERFIELD BEACH FL 33441****618 ANDERSON CIRCLE
#211
DEERFIELD BEACH FL 33441-7750**3. Date Incorporated or Qualified
05/15/1996

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOBILIO, SALLY K.
618 ANDERSON CIRCLE
#211
DEERFIELD BEACH FL 33441**

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	MOBILIO, SALLY K	
STREET ADDRESS	618 ANDERSON CIRCLE #211	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Andrea Berger	
13 STREET ADDRESS	9657 via Emilie	
14 CITY-ST-ZIP	Boca Raton, FL 33428	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROONEY, DONALD M	
STREET ADDRESS	1011 POWELL DRIVE	
CITY-ST-ZIP	RIVERA BEACH FL 33404	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FAUGNO, ANNE M	
STREET ADDRESS	19 RIDGEWOOD AVE.	
CITY-ST-ZIP	STAMFORD CT 06907	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		

41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		

51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		

61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0042755

CR2E037 (9/96)