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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000005090 (3)

1. Corporation Name

ALEXA GIOVANNI FOUNDATION, INC.



Principal Place of Business

Mailing Address

10401 NW 17 PLACE  
PEMBROKE PINES FL 33026

10401 NW 17 PLACE  
PEMBROKE PINES FL 33026-2832

3. Date Incorporated or Qualified  
10/01/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOOD, STACY  
10401 NW 17 PLACE  
PEMBROKE PINES FL 33026

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 President  
NAME Stacy Hood  
STREET ADDRESS 10401 NW 17 Pl. P.P.#1 33026  
CITY-ST-ZIP

1.1 TITLE PRESIDENT  
1.2 NAME STACY HOOD  
1.3 STREET ADDRESS 10401 NW 17 PLACE  
1.4 CITY-ST-ZIP Pembroke Pines, FL 33026

TITLE Trustee  
NAME Maria Evans  
STREET ADDRESS 12386 NW 13 Ct. P.P.#1  
CITY-ST-ZIP

2.1 TITLE TRUSTEE  
2.2 NAME MARTAS EVANS  
2.3 STREET ADDRESS 12386 NW 13 CT  
2.4 CITY-ST-ZIP Pembroke Pines, FL 33026

TITLE Trustee  
NAME Frank  
STREET ADDRESS 10421 NW 17 Pl. P.P.#1  
CITY-ST-ZIP

3.1 TITLE TRUSTEE  
3.2 NAME MARY KAY FRANK  
3.3 STREET ADDRESS 10421 NW 17 PLACE  
3.4 CITY-ST-ZIP Pembroke Pines, FL 33026

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE *[Signature]*

954-432-4904

CR2E037 (9/96)