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Jun 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005446 (7)

1. Corporation Name

MCKINLEY FINANCIAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

6555 POWERLINE ROAD  
FORT LAUDERDALE FL 33309

6555 POWERLINE ROAD  
FORT LAUDERDALE FL 33309

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
#214

22 City & State

23 Zip

Country

24

26 Suite, Apt. #, etc.  
#214

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/24/1996

4. FEI Number

65-0710410

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

HANDIN, GARY I  
C/O GARY I. HANDIN PA  
3111 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065

81 Name

ZIMMERMAN, E. ROSS

82 Street Address (P.O. Box Number is Not Acceptable)

7797 N. UNIVERSITY DR.

83

SUITE 108

84 City

TAMARAC

FL

85 Zip Code

33321

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)

5/26/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD  
NAME MCKINLEY, JAMES  
STREET ADDRESS 6555 POWERLINE ROAD  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE ☒ DELETE

VD  
NAME STRUM, LAWRENCE  
STREET ADDRESS 6555 POWERLINE ROAD  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE ☐ DELETE

SD  
NAME MCKINLEY, CONSUELO  
STREET ADDRESS 6555 POWERLINE ROAD  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE ☒ DELETE

TD  
NAME STRUM, SHARON  
STREET ADDRESS 6555 POWERLINE ROAD  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

D  
NAME Donald M. Foster  
STREET ADDRESS 6555 Powerline Rd. #214  
CITY-ST-ZIP Ft. Lauderdale, FL 33309

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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: X

*[Signature]*

4/20/98 (954)938-2685

CP2E037 (10/97)