

FILE NOW: FILING FEE IS \$61.25

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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005804 (6)**
1. Corporation Name

KATRINA ROGAL BENEFIT FUND, INC.



Principal Place of Business 4200 N.E. 12TH TERRACE POMPANO BEACH FL 33064	Mailing Address 4200 N.E. 12TH TERRACE POMPANO BEACH FL 33064
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/14/1997
4. FEI Number 65-0787425
Applied For ☐ Yes ☒ No
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$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

9. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132
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10. Name and Address of New Registered Agent 81 Name Centorino & Waterous, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 915 Middle River Dr. Suite 318 83 City Att. Diana W. Centorino 84 City Ft. Lauderdale FL 85 Zip Code 33304
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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]* **Diana W. Centorino** DATE **2/3/98**
(NOT: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT ☐ DELETE	1.1 TITLE P ☐ Change ☐ Addition	1.2 NAME LISA C. ROGAL	1.3 STREET ADDRESS 4200 NE 12TH TERRACE
NAME LISA C. ROGAL	1.4 CITY-ST-ZIP POMPANO BEACH FL 33064	2.1 TITLE VPIT ☒ Change ☐ Addition	2.2 NAME WILLIAM A. ROGAL
STREET ADDRESS 4200 NE 12TH TERRACE	2.3 STREET ADDRESS 4200 NE 12TH TERR.	2.4 CITY-ST-ZIP POMPANO BEACH, FL 33064	
CITY-ST-ZIP POMPANO BEACH FL 33064	3.1 TITLE ☐ Change ☐ Addition	3.2 NAME ☐ Change ☐ Addition	3.3 STREET ADDRESS ☐ Change ☐ Addition
TITLE VICE PRESIDENT ☐ DELETE	4.1 TITLE S ☐ Change ☒ Addition	4.2 NAME SUE LAUER	4.3 STREET ADDRESS 3309 E. 4TH ST.
NAME WILLIAM A. ROGAL	4.4 CITY-ST-ZIP POMPANO BEACH FL 33062	5.1 TITLE D ☐ Change ☒ Addition	5.2 NAME HOWARD RYALS
STREET ADDRESS 4200 NE 12TH TERRACE	5.3 STREET ADDRESS 5306 NW 1ST AVE	5.4 CITY-ST-ZIP POMPANO BEACH FL 33062	
CITY-ST-ZIP POMPANO BEACH FL 33064	6.1 TITLE D ☐ Change ☒ Addition	6.2 NAME LEN WEINMAN	6.3 STREET ADDRESS 2850 NW 64TH BLVD.
TITLE SECRETARY / TREASURER ☒ DELETE	6.4 CITY-ST-ZIP BOCA RATON FL 33496		
NAME DOROTHY ROGAL			
STREET ADDRESS 1709 N RIVERSIDE DR.			
CITY-ST-ZIP POMPANO BEACH FL 33062			
TITLE SECRETARY ☐ DELETE			
NAME SUE LAUER			
STREET ADDRESS 3309 E. 4TH ST.			
CITY-ST-ZIP POMPANO BEACH FL 33062			
TITLE BOARD MEMBER ☐ DELETE			
NAME HOWARD RYALS			
STREET ADDRESS 5306 NW 1ST AVE			
CITY-ST-ZIP POMPANO BEACH FL 33062			
TITLE BOARD MEMBER ☐ DELETE			
NAME LEN WEINMAN			
STREET ADDRESS 2850 NW 64TH BLVD.			
CITY-ST-ZIP BOCA RATON FL 33496			

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: *[Signature]* **LISA C. ROGAL** **2/3/98** **954-941-2775**

CR2E037 (10/97)