

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 23 1998 8:00am
Secretary of State

0004765

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N97000006830 (0)

1. Corporation Name

FAMILY OF HUMANITY, INC.

Principal Place of Business

Mailing Address

770 PONCE DE LEON BLVD SUITE 215
CORAL GABLES FL 33134

770 PONCE DE LEON BLVD SUITE 215
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

12/09/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 10300 SW 107 ST
Suite, Apt. #, etc.

26 10300 SW 107 ST
Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI, FL
Zip

28 MIAMI, FL
Zip

24 33176 Country

29 33176 Country

25 DADE

30 DADE

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

SOTORRIO, RENE A
770 PONCE DE LEON BLVD SUITE 215
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVINSON, ALAN	
STREET ADDRESS	1126 COTORRO AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33146	

TITLE	D	<input type="checkbox"/> DELETE
NAME	REBHOLZ, SCOTT	
STREET ADDRESS	6120 TWIN LAKES DRIVE	
CITY-ST-ZIP	MIAMI FL 33143-2040	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARDOLINO, CHRISTIE L	
STREET ADDRESS	1225 CORTEZ STREET	
CITY-ST-ZIP	CORAL GABLES FL 33144	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PARRISH, JOLENE M	
STREET ADDRESS	10300 SW 107TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	9180
1.3 STREET ADDRESS	9180 S.W. 203 Street
1.4 CITY-ST-ZIP	MIAMI, FL 33189

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	445 Zamora
3.4 CITY-ST-ZIP	Coral Gables, FL 33134

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: Jolene M. Parrish

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 10, 1998

Date

305-595-5019

Daytime Phone #

CR2E037 (5/98)