FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

141

	NAL AWARENESS FOUNDAT		(1) INC.							0/8// 0/8// 0/8] [
Principal Place	of Business	Ma	ailing Address				• • •					11
1937 E. ATLA	ANTIC BLVD		1937 E. ATLANTIC BL' SUITE 9	VD								
POMPANO BEACH FL 33060			POMPANO BEACH FL 33060 US					3. Date Incorporated or Qualified	3a.	3a. Date of Last Report		
US		'	us					05/27/1987		05/01/	1995	
2. Principal Pla	ace of Business	2a.	Mailing Address					4. FEI Number			Applied For	
21	<u> </u>						52-1493409		Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional			
City & State		27	City & State								Required	{
23	;	28	City & State					Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
Zip	Country	- [20]	Zip	Cor	ıntry	1		This corporation has liability for in	ntanaible.			\dashv
24	25	29	e re	30	,				Trangicie Yes [. 199,002,	
	9. Name and Address of Current		tered Agent					10. Name and Address of New R				
					81	Name						
HARRIS	-Shaw, Ruth				82	Street /	Arktres	s (P.O. Box Number is Not Acceptable	e)			
	ATLANTIC BLVD.											
SUITE 9					83							
	NO BEACH FL 33060				84	City				85 Z	ıp Code	\dashv
									F	┗╎		
 Pursuant t or register familiar wit 	to the provisions of Sections 617.0502 a ed agent, or both, in the State of Florida th, and accept the obligations of Section	and 61 a Such	7,1508, Florida Statut i change was authoriz 0503, Florida Statutes	es, the abo red by the i s.	ove-r corp	named co loration's	rporat board	on submits this statement for the purp of directors. I hereby accept the appo	intment a	as registere	registered off d agent. I am	lice
SIGNATURE	317	<u> </u>	-						1-29	4-95		
	Signature, types or printed name of registered agent a		<u> </u>		i Ager	nt signature re	equired w	her reinstating)	DATE			_ 6
12.	OFFICERS AND	DIREC						ADDITIONS/CHANGES TO OFFI	CERS AN			
TITLE	DEFELE				1.1 TOLE					Change	☐ Addition	n 🕏
NAME	HARRIS-SHAW, RUTH			1.2 N								5
STREET ADDRESS	2850 N. FEDERAL HIGHWAY,	SUITE	E 300			ADDRESS						إ
CiTY-ST-ZiP	POMPANO BEACH FL 33064		DELETE			31 - ZIP				Change	Addition	<u>_</u> _}}
TITLE	D DOWN FORCER			1	2 1 TITLE 2 2 NAME					Change	L] Addition	" `
NAME	BROWN, EDMOND											
STREET ADDRESS	4921 REFORMA STREET					ADDRESS						
DITY-ST-7IP TIFLE	WOODLAND HILLS CA 91367		DELETE	311		S1 - ZIP				Change	☐ Addition	\exists
NAME	VP		Morre	32 N						Change		"
STREET ADDRESS	BOUCHEY, LYN					ADDRESS						
CITY-S'-ZIP	436 West Glebe Road Alexandria Va			1		ST-ZIP						
TITLE	T		DELETE	411		41 - 41r				Change	Addition	
NAME	reitz, John			4 2 1								
STREET ADDRESS	14815 BRECKNESS STREET					ADORESS						l
CITY-ST-ZIP	MIAMI LAKES FL					ST - ZIP						
TITLE	S		_T o X ETE	51T		4.11	S	ecretay of the B	oard	Change	XX ddition	n
NAME	GESERICK, JACQUELYN		_	5 2 N				avid D.Lee				
STREET ADDRESS	4500 N. FEDERAL HIGHWAY					ADDRESS		9 Royal Palm Dr.				
CIPY - S1-ZIP	LIGHTHOUSE POINT FL							T Lauderdale, FL	333	01		
TITLE	0							xecutive Directo		Change	X Addition	n
NAME	ROSE, ROB		41	62 N			ı		+	,	лл	
STREET ACCRESS	217 NE 2ND STREET					ADDRESS		Quijas, Gilbert				
CITY-ST-ZIP	FT LAUDERDALE FL					SI - ZIP		99 Royal Palm Dr FT Lauderdale,FL	*333	01		
14. I do hereb	ly certify that the information supplied w	ith this	filing is voluntarily fun	nished and	doe	s not qua	dify for	the exemption stated in Section 119.	07(3)(k), F	Iorida Statu	ites. I further	
certify that oath; that	t the information indicated on this annual I am an officer or director of the corporal Block 12 o r Block 13 if chan ged or pr	al repor ation o	rt or supplemental and r the receiver or truste	nual report se empowe	is tru	ue and ac	curate	and that my signature shall have the	same leg	al effect as	if made unde	er I

SIGNATURE: Glibert Quijas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96 305-946-9962 Date Daytime Prione #