

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P18855

(7)

1. Corporation Name

THE BERNARD & HELEN FULLER FOUNDATION, INC.

FILED

95 JAN 23 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5651 BAYVIEW DRIVE
FT. LAUDERDALE FL 33308

5651 BAYVIEW DRIVE
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1988

3a. Date of Last Report

01/20/1994

4. FEI Number

11-6010343

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HAHN, DEBORAH
5651 BAYVIEW DRIVE
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

Deborah Fuller

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

5651 BAYVIEW DRIVE

83

FT. LAUDERDALE, FL 33308

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE

Signature, if not printed name of registered agent and line 4 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

HAHN, DEBORAH

STREET ADDRESS

5651 BAYVIEW DR.

CITY-ST-ZIP

FT. LAUDERDALE FL

TITLE

VD

NAME

FULLER, HELEN

STREET ADDRESS

3 ISLAND AVE.

CITY-ST-ZIP

MIAMI BEACH FL

TITLE

S

NAME

SLOANE, JUNE F.

STREET ADDRESS

2 BROADLAWN AVE

CITY-ST-ZIP

GREAT NECK NY

TITLE

D

NAME

FULLER, BERNARD

STREET ADDRESS

3 ISLAND AVE.

CITY-ST-ZIP

MIAMI BEACH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT

☒ Change ☐ Addition

1.2 NAME

DEBORAH FULLER

1.3 STREET ADDRESS

5651 BAYVIEW DR.

1.4 CITY-ST-ZIP

FT. LAUDERDALE, FL 33308

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

DEBORAH FULLER

1/13/95 (305) 491-1317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR