

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P38113 (7)

1. Corporation Name

DREIER-PENRITH FAMILY FOUNDATION, INC.



Principal Place of Business

**3790 RANEY RD
TITUSVILLE FL 32780
US**

Mailing Address

**PO BOX 2607
TITUSVILLE FL 32781-2607
US**

3. Date Incorporated or Qualified
03/30/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	PENRITH, CRAIG M	
STREET ADDRESS	3790 RANEY ROAD	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PENRITH, ELIZABETH A	
STREET ADDRESS	3790 RANEY RD	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PENRITH, JOHN B	
STREET ADDRESS	9270 TOWNE CTR DR #29	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PENRITH, BRADLEY J	
STREET ADDRESS	946 WEST OLLA	
CITY-ST-ZIP	MESA AR	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MURRAY, DOREEN	
STREET ADDRESS	POST OFFICE BOX 2607	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROSENTHAL, WILLIAM P	
STREET ADDRESS	55 EAST MONROE STREET	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	32780
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	32780
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	513 Foothill Boulevard
3.4 CITY-ST-ZIP	San Diego, CA. 92109
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	85201
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	32781-2607
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	60022

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: *Craig M. Penrith*

Craig M. Penrith, President 3/4/1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-268-4220

CR2E037 (12/95)