


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **718090** (4)  
1. Corporation Name  
**LA AMISTAD FOUNDATION, INC.**



Principal Place of Business <b>8400 LA AMISTAD COVE FERN PARK FL 32730 US</b>	Mailing Address <b>P.O. BOX 300302 FERN PARK FL 32730</b>
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3. Date Incorporated or Qualified <b>02/18/1970</b>	
4. FEI Number <b>59-1300982</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIS, BRADLEY  
390 N. ORANGE AVENUE  
SUITE 800  
ORLANDO FL 32801**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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]*  
Signature, typed or printed, of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-3-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURNS, R.A.</b>	1.2 NAME	
STREET ADDRESS	<b>460 ORIENTA POINT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32701</b>	1.4 CITY-ST-ZIP	
TITLE	<b>CST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, BRADLEY</b>	2.2 NAME	
STREET ADDRESS	<b>390 N. ORANGE AVENUE, SUITE 800</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NIES, PERRY</b>	3.2 NAME	
STREET ADDRESS	<b>30 MAITLAND GROVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAITLAND FL 32851</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODRUFF, BRUCE</b>	4.2 NAME	
STREET ADDRESS	<b>3101 MAGUIRE BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIMMER, LINDA</b>	5.2 NAME	
STREET ADDRESS	<b>6400 S. ORANGE AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOOTH, HELEN</b>	6.2 NAME	
STREET ADDRESS	<b>AZALEA AVENUE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	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)(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 as an attachment with an address.

SIGNATURE:

*[Signature]*

**4-3-98**

CR2E037 (10/97)