

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 # **745625**

1. Corporation Name

**THE AURENE CHARITABLE FOUNDATION FOR
ARTS, SCIENCE AND MEDICINE, INC.**

Principal Place of Business

Mailing Address

**777 E. Atlantic Avenue
Suite 210
Delray Beach, FL 33483**

3. Date Incorporated or Qualified

1-18-79

3a. Date of Last Report

4-29-95

2. Principal Place of Business

2a. Mailing Address

21 777 E. Atlantic Ave.

4. FEI Number

65-0207787

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

**27 Suite 210
City & State**

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

23 Zip

Country

28 Delray Beach, FL

Zip

Country

24 33483

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Urbanek, August

81 Name

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

777 E. Atlantic Ave.

83 Suite 210

84 City

Delray Beach

FL

85 Zip Code

33483

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's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

P/D

NAME

Urbanek, August

STREET ADDRESS

**1314 N. Ocean Blvd.
Gulfstream, FL 33432**

CITY-ST-ZIP

TITLE

S/D

☐ DELETE

NAME

Ragland, Kathleen U.

STREET ADDRESS

**10355 Prestwick Rd.
Boynton Beach, FL 33436**

CITY-ST-ZIP

TITLE

A/T/D

☐ DELETE

NAME

Walsh, Gerald S.

STREET ADDRESS

**310 W. Wisconsin Ave.
Milwaukee, WI 53202**

CITY-ST-ZIP

TITLE

T/D

☐ DELETE

NAME

Urbanek, Gerald

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

2. NAME

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

☐ Change

☐ Addition

☒ Change

☐ Addition

**777 E. Atlantic Ave. Su. 210
Delray Beach, FL 33483**

☐ Change

☐ Addition

☐ Change

☐ Addition

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: **Kathleen U. Ragland Secy/Dri.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

407-274-4676

Date

Daytime Phone #

CR2E037 (12/95)