## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

DOCUMENT #

# 755735

(8)

| Corporation Name                                   |   |              |   |                            |                     |                  | - 1                               |  |                  |               |                |
|--|---|--------------|---|----------------------------|---------------------|------------------|-----------------------------------|--|------------------|---------------|----------------|
| THOMSEN FOUNDATION, INC.                           |   |              |   |                            |                     |                  |                                   |  |                  |               |                |
|  |   |              |   |                            |                     |                  |                                   |  |                  |               |                |
| Principal Place of Business Mailing Address        |   |              |   |                            |                     |                  |                                   |  | ENH BIBIN DI     |               |                |
| % FRANCES D. THOMSEN % FRANCES D. THOMSEN          |   |              |   |                            |                     | }                | 3. Date Incorporated or Qualified | _  |                  | <del> </del>  |                |
| 1941 W. OAKLAND RARK BLVD. 1941 W. OAKLAND RARK BL |   |              |   |                            | .VD.                |                  |                                   | 12/31/1980   |                  |               |                |
| FT LAUDERDALE FL 33311 FT LAUDERDALE FL 33311      |   |              |   |                            |                     |                  | ŀ                                 | 4. FEI Number  |                  | TA            | applied For    |
|  |   |              |   | _                          |                     |                  |                                   | 59-2070983   |                  |               | lot Applicable |
| 2. Principal P                                     | ace of Business   | 2a. M        | 2a. Mailing Address                     |                            |                     |                  | 1                                 | 5. Certificate of Status Desired   |                  | \$8.75        | Additional     |
| 21   | 4 44  | 26           | ···                                     |                            |                     |                  |                                   | Fee Required   |                  |               |                |
| Suite, Apt. #, etc.                                |   |              | Suite, Apt. #, etc.                     |                            |                     |                  |                                   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |                  |               |                |
| City & State                                       |   |              | City & State                            |                            |                     |                  |                                   | 7. Is this nonprofit corporation a homeowners association?                         |                  |               |                |
| 23   |   |              | 28                                      |                            |                     |                  | ĺ                                 | ☐ Yes ☑ No   |                  |               |                |
| Zip  | Country   | Zi           | <b>⊢</b> ·                              |                            |                     | Country          |                                   | 6. This corporation owes or has p  | aid the cu       |               |                |
| 24   | 25  |              | 29 30                                   |                            | <u>ol</u>           |                  |                                   | Personal Property Tax due Jun  |                  |               | <b>V</b> No    |
|  | 9. Name and Address of Curre  | nt Hegister  | ed Agent                                |                            | B1                  | Name             |                                   | 10. Name and Address of New R  | egistered        | Agent         |                |
| <b>THOMAS</b>                                      | ***   |              |   | L                          | $\Box$              |                  |                                   |  |                  |               |                |
| THOMSEN, FRANCES D.<br>1941 W. OAKLAND PARK BLVD.  |   |              |   | 1                          | 82 Street Addr      |                  |                                   | s (P.O. Box Number is Not Accepte  | (eld             |               |                |
| FORT LAUDERDALE FL 33311                           |   |              | ļ.                                      | 83                         |                     |                  |                                   |  |                  |               |                |
| PONT ENDUCADAGE PE 33311                           |   |              |   | -                          | <u> </u>            |                  |                                   |  |                  |               | <u> </u>       |
|  |   |              |   |                            | 84                  | City             |                                   |  | FL               | <b>85</b> Zip | Code           |
| 11. Pursuant                                       | to the provisions of Sections 617.05  | 02 and 617.  | .1508, Florida Statu                    | tes, the ab                | ove                 | e-named o        | corpora                           | ation submits this statement for the   | purpose o        | of changing   | its registered |
| agent. I a   | to the provisions of Sections 617.05<br>egistered agent, or both, in the State<br>m familiar with, and accept the oblig | ations of, S | Such change was<br>section 617.0503, FI | authorized<br>Iorida Statu | ı by<br>Jtes        | r the corp<br>s. | oration                           | is board of directors, I hereby acce   | pr me app        | pointment a   | a teðisteted   |
| SIGNATURE .  |   |              |   |                            |                     |                  |                                   |  |                  |               |                |
| 12.  | Signature, typed or printed name of registered ag<br>OFFICERS AN  |              |   | TE: Registered             | Ager                | nt eignature o   | required t                        | when reinstating) ADDITIONS/CHANGES TO OFFI  | DATE<br>CERS AND | DIBECTO       | RS IN 12       |
| TITLE  | PTD   |              | DELETE                                  | 1.1 T/M                    | LÉ                  |                  |                                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | 02.707.44        | Change        | ☐ Addition     |
| NAME   | THOMSEN, CARL J   |              |   | 1.2 NAS                    | ME                  |                  |                                   |  |                  |               |                |
| STREET ADDRESS                                     | 1941 W OAKLAND PARK BLVD  |              |   | 1.3 STR                    | 1.3 STREET ADDRESS  |                  |                                   |  |                  |               |                |
| CITY-ST-ZIP  | FT LAUDERDALE, FL 00000   |              |   | 1.4 CIT                    | 1.4 CITY - ST - ZIP |                  |                                   |  |                  |               |                |
| TITLE  | <b>\$</b> D   |              | ☐ DELETE                                | 2.1 1(1)                   | LE                  |                  |                                   |  |                  | ☐ Change      | Addition       |
| NAME   | THOMSEN, FRANCES  | _            |   | 2.2 NAM                    | ME                  |                  |                                   |  |                  |               |                |
| STREET ADDRESS                                     | 1941 W OAKLAND PARK BL  | √D           |   |                            |                     | ADORESS          |                                   |  |                  |               |                |
| CITY-ST-ZIP  | FT LAUDERDALE FL  |              | DELETE                                  | 2.4 GIT                    | _                   | ST-ZIP           |                                   |  |                  | ☐ Change      | Addition       |
| TITLE  | VD  |              | ☐ Offer                                 | 3.1 TITE                   |                     | 1                |                                   |  |                  | □ change      | Addition       |
| NAME<br>OTTOTT LODGEGG                             | THOMSEN, NANCY L<br>1941 W OAKLAND PARK BL'   | WD.          |   | 3.2 NA                     |                     | ADDDEGO          |                                   |  |                  |               |                |
| STREET ADDRESS CITY-ST-ZW                          | FT LAUDERDALE FL  | עז           |   | 3.4. CIT                   |                     | ADDRESS          |                                   |  |                  |               |                |
| TITLE  | FT CAUDENDALE I'L   |              | DELETE                                  | 4.1 TITL                   |                     | SI-ZIP           |                                   |  |                  | Change        | Addition       |
| NAME   |   |              |   | 4. 2 NA                    |                     |                  |                                   |  |                  |               |                |
| STREET ADDRESS                                     |   |              |   | - 1                        |                     | ADDRESS          |                                   |  |                  |               |                |
| CITY-ST-ZIP  |   |              |   | 4.4 CIT                    |                     | 1                |                                   |  |                  |               |                |
| TITLE  |   |              | DELETE                                  | 5.1 TITL                   |                     |                  |                                   |  |                  | ☐ Change      | Addition       |
| NAME   |   |              |   | 5.2 NAM                    | ME                  | İ                |                                   |  |                  |               |                |
| STREET ADDRESS                                     |   |              |   | 5.3 STR                    | REET                | ADDRESS          |                                   |  |                  |               |                |
| CITY-ST-ZIP  |   |              |   | 5.4 CITY                   | Y-SI                | T-ZIP            |                                   |  |                  |               |                |
| TITLE  |   |              | ☐ DELETE                                | 6.1 TITL                   |                     |                  |                                   |  |                  | Change        | ☐ Addition     |
| NAME   |   |              |   | 6.2 NAM                    |                     |                  |                                   |  |                  |               |                |
| STREET ADDRESS                                     |   |              |   | 6.3 STR                    | REET                | ADDRESS          |                                   |  |                  |               |                |

4. 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 charged, or on an attachment with an address.

5/110a

**FILED** 

May 14 1998 8:00am

Secretary of State