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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000006883**

1. Corporation Name
THE PRINCE OF WALES FOUNDATION, INC.

Principal Place of Business	Mailing Address
888 17TH STREET, N.W. SUITE 201 WASHINGTON DC 20006	888 17TH STREET, N.W. SUITE 201 WASHINGTON DC 20006

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/30/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 36-3820023 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KENT, GEOFFREY J W		1.2 NAME		
STREET ADDRESS	BAHATI, MASAI LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LANGATA, KENYA		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WHEELER, CAROLINE		2.2 NAME		
STREET ADDRESS	9301 N. A1A, STE. 1		2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	T (DT)	☐ Change ☒ Addition
NAME	HIGDON, ROBERT		3.2 NAME		
STREET ADDRESS	888 17TH ST., N.W., STE. 201		3.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 20006		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BOLLAND, MARK		4.2 NAME		
STREET ADDRESS	ST. JAMES PALACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONDON, ENGLAND		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FORBES, CHRISTOPHER		5.2 NAME		
STREET ADDRESS	60 5TH AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10011		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HILLARY, LADY		6.2 NAME		
STREET ADDRESS	20 LONSDALE SQUARE		6.3 STREET ADDRESS		
CITY-ST-ZIP	LONDON, ENGLAND		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/98 (202)887-8280
Date Daytime Phone #