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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

COYNI	MENT # NO634 E FAMILY FOUNDATION, II	14 (8 NC.			 		
Principal Place	e of Business	Mailing Address					
Principal Place of Business 8812 TWIN LAKE DRIVE BOCA RATON FL 33496		8812 TWIN LAKE DRIVE BOCA RATON FL 33496					
					3. Date Incorporated or Qualified 11/27/1984		f Last Report 14/1995
2. Principal Pi	lace of Business	2a. Mailing Addres	s		4. FEI Number 59-2473967		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.		5. Certificate of Status Desired	_ \$	8.75 Additional
City & State	e	City & State			6. Election Campaign Financing		Fee Required \$5.00 May Be
3		28			Trust Fund Contribution		Added to Fees
Zip 4	Country 25	Zip 29	Country 30		8. This corporation has liability for	intangible tax un ☐ Yes Ѭ No	der s. 199.032,
<u> </u>	9. Name and Address of Curre		30		Florida Statutes L 10. Name and Address of New R		nt
			81	Name			
COYNE, MARTIN L.			82	Street Ackle	ess (P.O. Box Number is Not Acceptab	ole)	····
	/IN LAKE DRIVE ATON FL 33496		83				
DOUA N	ATON FL 33490						
			84	City		FL 85	Zip Code
iai illiar wi	th, and accept the obligations of, Sec	rida. Such change was au ction 617.0503, Florida Sti	thorized by the corporatutes.	ration's boar	ation submits this statement for the pur of of directors. I hereby accept the appo	ointment as régis	stered agent. I am
SIGNATURE	Signature, typed or printed name of registered ago	of and title (applicable)	(NOTE: Registered Agent s			DATE	
SIGNATURE 12.	Signature, typod or printed name of registered ago OFFICERS Af	ert and title if applicable	(NOTE: Registered Agent s 13. 1.1 TITLE		d whom necestaring	DATE	ECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered ago OFFICERS AT PD COYNE, MARTIN L	of and title (applicable)	(NOTE: Registered Agent s 13. 1.1 TITLE 1.2 NAME	signature recipiirec	d whom necestaring	DATE ICERS AND DIR	ECTORS IN 12
SIGNATURE _ 12. TITLE NAME STREET ADDRESS	Signature, typod or printed name of registered ago OFFICERS Af	of and title (applicable)	(NOTE: Registered Agent s 13. 1.1 TITLE 1.2 NAME 1.3 STREET AE	signature recipilirec	d whom necestaring	DATE ICERS AND DIR	ECTORS IN 12
SIGNATURE _ 12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP	Signature, typod or printed name of registered age OFFICERS AT PD COYNE, MARTIN L 8812 TWIN LAKE DR. BOCA RATON FL D	of and title (applicable)	(NOTE: Registered Agert s 13. 1.1 Tifle 1.2 NAM6 1.3 STREET AE 1.4 CITY - ST-	signature recipilirec	d whom necestaring	DATE ICERS AND DIR	ECTORS IN 12 ange Addition
SIGNATURE 12. VAINE STREEL ADDRESS CITY-ST-ZIP UILLE VAINE	Signature, typod or printed name of registered ago: OFFICERS AT PD COYNE, MARTIN L 8812 TWIN LAKE DR. BOCA RATON FL D COYNE, DEBORAH P	ent and the 4 applicable ND DIRECTORS DELETI	(NOTE: Registered Agent s 13. 1.1 TITLE 1.2 NAME 1.3 STREET AE 1.4 CITY - ST-	signature recipilinos D9RESS	d whom necestaring	DATE ICERS AND DIR	ECTORS IN 12 ange Addition
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HARTIN L. COPNE H-8-96 407-487-0440

Signing officer of Director SIGNATURE: (