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CORPORATION ANNUAL REPORT 1995 L95

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

8-7135-XC

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -8 AM 9:36

DOCUMENT # N08686 (0)

1. Corporation Name

BOCA RATON FOUNDATION, INC.

Principal Place of Business	Mailing Address
% KENNETH A. WENZEL(OSBORNE,HANKINS ETAL) 700 S. FEDERAL HWY. STE 200 BOCA RATON FL 33432	% KENNETH A. WENZEL(OSBORNE,HANKINS ETAL) 700 S. FEDERAL HWY. STE 200 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1985
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-2604493 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 798 S. Federal Highway	26 798 S. Federal Highway
Suite, Apt. #, etc. 22 Suite 100	Suite, Apt. #, etc. 27 Suite 100
City & State 23 Boca Raton, Florida	City & State 28 Boca Raton, Florida
Zip / Country 24 33432 / 25 USA	Zip / Country 29 33432 / 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WENZEL, KENNETH A. 700 S. FEDERAL HIGHWAY, STE 200 %OSBORNE, HANKINS, MACLAREN & REDGRAVE BOCA RATON FL 33432	81 Name: R. Brady Osborne, Jr. 82 Street Address (P.O. Box Number is Not Acceptable): 798 S. Federal Highway, Suite 100 83 c/o Osborne, Osborne & deClaire, P.A. 84 City: Boca Raton FL 85 Zip Code: 33432

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 5/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President & Director	XX Change ☐ Addition
NAME	BOONE, JOHN T	1.2 NAME	Craske, Robert B.	
STREET ADDRESS	169 COCONUT PALM RD.	1.3 STREET ADDRESS	339 E. Coconut Palm Road	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, Florida 33432	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	STABLER, WILLIAM R.	2.2 NAME		
STREET ADDRESS	502 SW 1ST STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP		
TITLE	SVD	3.1 TITLE	Treasurer & Director	XX Change ☐ Addition
NAME	MORRISON, R.SCOTT, JR.	3.2 NAME	Bonitatibus, Peter N.	
STREET ADDRESS	9 DRIFTWOOD LANE	3.3 STREET ADDRESS	6790 Allegre Court	
CITY-ST-ZIP	GULFSTREAM	3.4 CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE		4.1 TITLE	Secretary & Director	XX Change ☐ Addition
NAME		4.2 NAME	Cunningham, P. Rodney	
STREET ADDRESS		4.3 STREET ADDRESS	617 S.W. 15th Street	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: [signature] PETER N. BONITATIBUS 6/2/95 407-391-1411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011936