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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N15932 (9)

1. Corporation Name

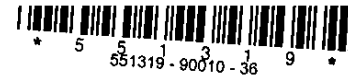
The Fortin Foundation of Florida, Inc.

Principal Place of Business

Mailing Address

440 Rôyāl Palm Way
Palm Beach, FL 33480

440 Royal Palm Way
Palm Beach, FL 33480



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 125 Worth Avenue

26 125 Worth Avenue

07/17/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

81-6009207

Not Applicable

23 City & State
Palm Beach, FL

27 City & State
Palm Beach, FL

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

24 Zip 33480 Country U.S.

28 Zip 33480 Country U.S.

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Chopin, L. Frank
440 Royal Palm Way, #200
Palm Beach, FL 33480

81 Name Angell Corporate Services, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)
250 Royal Palm Way

83 Suite 300

84 City Palm Beach

FL

85 Zip Code 33480

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 *Jonathan E. Cole* Jonathan E. Cole, President

4/27/99

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 ☐ DELETE
NAME Fortin, Mary Alice
STREET ADDRESS 345 Australian Avenue
CITY-ST-ZIP Palm Beach, FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD ☒ DELETE
NAME Chopin, L. Frank
STREET ADDRESS c/o 440 Royal Palm Way, #200
CITY-ST-ZIP Palm Beach, FL 33480

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VB ☐ DELETE
NAME Rawle, Susan Stockard
STREET ADDRESS 75 Anson Street
CITY-ST-ZIP Charleston, SC

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Channing, Susan Stockard
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME DST
4.3 STREET ADDRESS Lesly Stockard Smith
4.4 CITY-ST-ZIP 300 Chapel Hill
Palm Beach, FL 33480

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME D
5.3 STREET ADDRESS Nick R. Cladis
5.4 CITY-ST-ZIP 1802 Oak Knoll Place
Billing, MT 59102

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

Daytime Phone #

Mary Alice Fortin, President

CR2E037 (1/98)