

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N23975** (8)  
1. Corporation Name  
**FPL GROUP FOUNDATION, INC.**



Principal Place of Business: C/O D.P. COYLE, 700 UNIVERSE BLVD., JUNO BEACH FL 33408  
Mailing Address: C/O D.P. COYLE, 700 UNIVERSE BLVD., JUNO BEACH FL 33408

3. Date Incorporated or Qualified: **12/18/1987**  
3a. Date of Last Report: **04/07/1995**  
4. FEI Number: **65-0031452**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
21, 22, 23, 24: Suite, Apt. #, etc., City & State, Zip, Country  
26, 27, 28, 29, 30: Suite, Apt. #, etc., City & State, Zip, Country

Address of Current Registered Agent:  
**LEON, J E**  
**9250 W. FLAGLER STREET**  
**MIAMI FL 33174**

10. Name and Address of New Registered Agent:  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	BROADHEAD, J.L.	
STREET ADDRESS	700 UNIVERSE BLVD.	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	EVANSON, PAUL J.	
STREET ADDRESS	700 UNIVERSITY BLVD.	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KELLEHER, L.J., III	
STREET ADDRESS	700 UNIVERSE BLVD.	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COYLE, D.P.	
STREET ADDRESS	700 UNIVERSE BLVD.	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D/P/T
2.3 STREET ADDRESS	EVANSON, PAUL J.
2.4 CITY-ST-ZIP	700 UNIVERSE BLVD. JUNO BEACH FL 33408
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D/S
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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: \_\_\_\_\_ **Dennis P. Coyle** 3/01/96 (407) 694-4644  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)