FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23975

(8)

FPL GROUP FOUNDATION, INC.

FILED Apr 03 1998 8:00am Secretary of State

| Principal Place of Business | | Mailing Address | | | IBKA BILTIF BIBIF BIBIF BIBIF HUBI | | |
|---|--|---|------------------------|--|---|--|--|
| C/O D.P. COYLE 700 UNIVERSE BLVD. JUNO BEACH FL 33408 | | C/O D.P. COYLE 700 Universe Blvd. Juno Beach Fl 33408 | | 3. Date Incorporated or Qualified 12/18/1987 | | | |
| | | • | | | 4. FEI Number 65-0031452 | Applied For Not Applicable | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | – | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| City & State | | City & State | City & State | | 7. Is this nonprofit corporation a homeowners association? | | |
| 23 Zip | Country Zip Cou | | Count | ry | 8. This corporation owes or has paid the current year intangible | | |
| 24 | 9. Name and Address of Curr | 29 29 Agent | 30 | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | | |
| | | One regional of Agent | 8 | 1 Name | 10. Harris and Madress of the Hagistones | Agont | |
| LEON, J | F | | ā | 2 Ctroot Ad | dress (P.O. Box Number is Not Acceptable) | ···· | |
| 9250 W. FLAGLER STREET | | | ľ | Z Street Adi | dress (P.O. Box Number is Not Acceptable) | | |
| MIAMI FL 33174 | | | 8 | 3 | | <u> </u> | |
| | | | 8 | 4 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 . | Signature, typed or printed name of registered a | spent and title if anythrable (BIOT | C: Beginsond & | nort elonables end | julred when reinstating) DATE | | |
| 12. | | ND DIRECTORS | 13. | gent signators req | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTORS IN 12 | |
| TITLE | DC | DELETE | 1.1 TITLE | | | ☐ Change ☐ Addition | |
| NAME | B ROADHEAD, J.L. | | 1.2 NAM | E | | | |
| STREET ADDRESS | 700 UNIVERSE BLVD. | | 1.3 STRE | ET ADDRESS | | | |
| CITY-ST-ZIP | JUNO BEACH FL | | 1.4 CITY | -ST-ZIP | | | |
| TITLE | DIPT | ☐ DELETE | 2.1 TITLE | • | | ☐ Change ☐ Addition | |
| NAME | EVANSON, PAUL J. | | 2.2 NAM | E | | | |
| STREET ADDRESS | 700 UNIVERSITY BLVD. | | 2.3 STRE | ET ADDRESS | | | |
| CITY-ST-ZIP | JUNO BEACH FL | T Drugge | 2. 4 CITY | | | T of a second se | |
| TITLE | V | ☐ DELETE | 3.1 TITLE | | | Change Addition | |
| NAME | KELLEHER, L.J., III | | 3.2 NAM | 1 | | | |
| STREET ADDRESS | 700 UNIVERSE BLVD. JUNO BEACH FL | | | ET ADDRESS | | | |
| CITY-ST-ZIP TITLE | DS | DELETE | 3.4. CITY 4.1 TITLE | | | Change Addition | |
| NAME | COYLE, D.P. | | 4. 2 NAM | | | C Creatige C Automon | |
| STREET ADDRESS | 700 UNIVERSE BLVD. | | | ET ADDRESS | | l | |
| CATY-ST-ZIP | JUNO BEACH FL | | 4.4 CITY | | | | |
| TITLE | | DELETE | 5.1 TITLE | | | Change Addition | |
| NAME | | | 5.2 NAM | : İ | | | |
| STREET ADDRESS | | | 5.3 STRE | et address | | | |
| CITY-ST-ZIP | | | 5.4 CITY | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | ☐ Change ☐ Addition | |
| NAME | | | 6.2 NAMI | | | | |
| STREET ADDRESS | | | 6.3 STRE | ET ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CITY | | D-11-120 07/07/07 F1 | | |
| 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 armual report or supplemental angual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the exporation of the ecceiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in | | | | | | | |
| omicer or director or the escoration of the ecceiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in | | | | | | | |

03/16/98

1561) 694-3424