

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90096 027 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N26675**  
 1. Corporation Name  
**THE PLANTATION COMMUNITY FOUNDATION, INC.**

Principal Place of Business 500 ROCKLEY BLVD. VENICE FL 34293	Mailing Address 500 ROCKLEY BLVD. VENICE FL 34293
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 05/31/1988
Suite, Apt. #, etc. 22	Suite, Apt. #: etc. 27	4. FEI Number 65-0056930
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fees Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**CLIFFORD REICH**  
**500 ROCKLEY BOULEVARD**  
**VENICE FL 34293**

10. Name and Address of New Registered Agent

81 Name	Charles R. Ellis
82 Street Address (P.O. Box Number is Not Acceptable)	500 Rockley Boulevard
83	
84 City	Venice, FL
85 Zip Code	34293

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 Donald R. Kampman, Treasurer *Donald R. Kampman* 1/6/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERNER, GUY	
STREET ADDRESS	500 ROCKLEY BLVD.	
CITY-ST-ZIP	VENICE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	REICH, CLIFFORD	
STREET ADDRESS	500 ROCKLEY BLVD.	
CITY-ST-ZIP	VENICE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WELCH, JUDY	
STREET ADDRESS	500 ROCKLEY BLVD	
CITY-ST-ZIP	VENICE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NEUBERGER, HENRY	
STREET ADDRESS	500 ROCKLEY BLVD	
CITY-ST-ZIP	VENICE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SUBBIONDO, ANDREW	
STREET ADDRESS	500 ROCKLEY BLVD.	
CITY-ST-ZIP	VENICE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, CHARLES	
STREET ADDRESS	500 ROCKLEY BLVD	
CITY-ST-ZIP	VENICE FL	

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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ellis, Charles R.	
2.3 STREET ADDRESS	500 Rockley Blvd.	
2.4 CITY-ST-ZIP	Venice, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Breidenbaugh, Arnold	
4.3 STREET ADDRESS	500 Rockley Blvd.	
4.4 CITY-ST-ZIP	Venice, FL	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kampman, Donald R.	
5.3 STREET ADDRESS	500 Rockley Blvd.	
5.4 CITY-ST-ZIP	Venice, FL	
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 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: Donald R. Kampman *Donald R. Kampman* 1/6/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)