

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 16 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N44559** (5)

1. Corporation Name
THE GOLDSMITH-GREENFIELD FOUNDATION, INC.

Principal Place of Business Mailing Address
1800 SECOND STREET SUITE 905 SARASOTA FL 34236 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/05/1991** 3a. Date of Last Report **02/02/1994**
4. FEI Number **65-0301946** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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

9. Name and Address of Current Registered Agent
**GREENFIELD, ROBERT K.
1650 LANDINGS BOULEVARD
SARASOTA FL 34231**

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

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	ROBERT GREENFIELD T
STREET ADDRESS	1650 LANDINGS BLVD
CITY-ST-ZIP	SARASOTA FL
TITLE	VP T
NAME	LARRY W DAVENPORT
STREET ADDRESS	5125 OXFORD DR
CITY-ST-ZIP	SARASOTA FL
TITLE	VP T
NAME	WILLIAM S GREENFIELD
STREET ADDRESS	210 W MERMAID LANE
CITY-ST-ZIP	PHILADELPHIA PA
TITLE	Secretary Office
NAME	PERKINS, BOB
STREET ADDRESS	1800 SECOND STREET, SUITE 905
CITY-ST-ZIP	SARASOTA FL
TITLE	T
NAME	JAMES R GREENFIELD
STREET ADDRESS	19325 SW EDY RD
CITY-ST-ZIP	SHERWOOD OR
TITLE	AT T
NAME	LOUISE S GREENFIELD
STREET ADDRESS	1650 LANDINGS BLVD
CITY-ST-ZIP	SARASOTA 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	30000 14098 13
1.4 CITY-ST-ZIP	-02/20/95--01025--006 *****61.25 *****61.25
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert K. Greenfield ROBERT K. GREENFIELD 1/24/95 923-5831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month Year) #