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Jan 22 1997 8:00am
Secretary of State



NONPROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **N44559** (5)

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



Principal Place of Business
**1800 SECOND STREET
SUITE 805
SARASOTA FL 34236
US**

Mailing Address
**1800 SECOND STREET
SUITE 805
SARASOTA FL 34236-5992
US**

3. Date Incorporated or Qualified **08/05/1991** 3a. Date of Last Report **01/26/1996**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number 65-0301946	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GREENFIELD, ROBERT K. 1650 LANDINGS BOULEVARD SARASOTA FL 34231				81	Name		
				82	Street Address (P. O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	P/TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT GREENFIELD	1.2 NAME	Robert Greenfield
STREET ADDRESS	1650 LANDINGS BLVD	1.3 STREET ADDRESS	1650 Landings Blvd.
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota FL
TITLE	VPT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY W DAVENPORT	2.2 NAME	Mary G. Davenport
STREET ADDRESS	5125 OXFORD DR	2.3 STREET ADDRESS	3625 LaPoloma Ave.
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota FL
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERKINS, BOB	3.2 NAME	Linda Baldwin
STREET ADDRESS	1800 SECOND STREET, SUITE 905	3.3 STREET ADDRESS	1248 E. Wylie St.
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Bloomington IN
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES R GREENFIELD	4.2 NAME	James Greenfield
STREET ADDRESS	19325 SW EDY RD	4.3 STREET ADDRESS	9995 Southwest Siuslaw Lane
CITY-ST-ZIP	SHERWOOD OR	4.4 CITY-ST-ZIP	Tualatin OR
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUISE S GREENFIELD	5.2 NAME	Louise Greenfield
STREET ADDRESS	1650 LANDINGS BLVD	5.3 STREET ADDRESS	1650 Landings Blvd
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	Sarasota FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Lauren Greenfield
STREET ADDRESS		6.3 STREET ADDRESS	1612 6th Ave.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Longmont CO

14. I do 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)