


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44559 (5)
 1. Corporation Name
THE GOLDSMITH-GREENFIELD FOUNDATION, INC.



Principal Place of Business 1800 SECOND STREET SUITE 905 SARASOTA FL 34236 US	Mailing Address 1800 SECOND STREET SUITE 905 SARASOTA FL 34236 US
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3. Date Incorporated or Qualified 08/05/1991		
4. FEI Number 65-0301946	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	TRUSTEE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT GREENFIELD	1.2 NAME	EMILY CLARK
STREET ADDRESS	1650 LANDINGS BLVD	1.3 STREET ADDRESS	533 MANOR RD.
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	ELKINS PARK PA 19027
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	TRUSTEE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVENPORT, MARY G	2.2 NAME	CLAUDIA CLEARY
STREET ADDRESS	3625 LAPOLOMA AVE	2.3 STREET ADDRESS	3 SNIPES COURT
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	ST. CHARLES MO 63303
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, BOB	3.2 NAME	
STREET ADDRESS	1800 SECOND STREET, SUITE 905	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENFIELD, JAMES	4.2 NAME	
STREET ADDRESS	9995 SW SIUSLAW LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TUALATIN OR	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENFIELD, LOUISE	5.2 NAME	
STREET ADDRESS	1650 LANDINGS BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENFIELD, LAUREN	6.2 NAME	
STREET ADDRESS	1612 6TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONGMONT CO	6.4 CITY-ST-ZIP	

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CITY-ST-ZIP	LONGMONT CO	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.

SIGNATURE: *Robert Greenfield, ED* **1/19/98 941-923-5831**

CR2E037 (10/97)