


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90001 032 ****61.25

0065603

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N44559

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
---	---



2. Principal Place of Business 21 1800 Second Street Suite, Apt. #, etc. 22 Suite 750 City & State 23 Sarasota, Florida Zip Country 24 34236 25 US	2a. Mailing Address 26 1800 Second Street Suite, Apt. #, etc. 27 Suite 750 City & State 28 Sarasota, Florida Zip Country 29 34236 30 US	3. Date Incorporated or Qualified 08/05/1991 4. FEI Number 65-0301946 Applied For Not Applicable 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
---	--	--

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	85 Zip Code
			FL	

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

TITLE	PT	<input type="checkbox"/> DELETE
NAME	ROBERT GREENFIELD	
STREET ADDRESS	1650 LANDINGS BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DAVENPORT, MARY G	
STREET ADDRESS	3625 LAPOLOMA AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CLARK, EMILY	
STREET ADDRESS	533 MANOR RD	
CITY-ST-ZIP	ELKINS PARK PA 19027	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GREENFIELD, JAMES	
STREET ADDRESS	9995 SW SIUSLAW LANE	
CITY-ST-ZIP	TUALATIN OR	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GREENFIELD, LOUISE	
STREET ADDRESS	1650 LANDINGS BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GREENFIELD, LAUREN	
STREET ADDRESS	1612 6TH AVE	
CITY-ST-ZIP	LONGMONT CO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Claudia Cleary	
1.3 STREET ADDRESS	3 Snipes Court	
1.4 CITY-ST-ZIP	St. Charles, MO 63303	
2.1 TITLE	Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jill Feldman	
2.3 STREET ADDRESS	1222 Glenburnie Drive	
2.4 CITY-ST-ZIP	Drescher, PA 19025	
3.1 TITLE	Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Clark, Emily	
3.3 STREET ADDRESS	345 Harrison Avenue	
3.4 CITY-ST-ZIP	Elkins Park, PA 19027	
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	Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Greenfield, Lauren	
6.3 STREET ADDRESS	1249 3rd Avenue	
6.4 CITY-ST-ZIP	Longmont, CO 80501	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Robert Greenfield* 1/15/99 941-923-5831
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)