FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300000379 (8)

BURNS-GAGNON FOUNDATION, INC.

1300 N FEDERA SUITE 107 BOCA RATON F		SUITE 107	1300 N FEDERAL HWY SUITE 107 BOCA RATON FL 33432-2848					
						3. Date incorporated or Qualified 01/25/1993	3a. Date of Le 03/27	st Report /1996
2. Principal Pl	ace of Business	2a. Mailing A	2a. Mailing Address			4. FEI Number Applied For		
21		26				65-0443151		Not Applicable
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
City & State	9	City & St	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28	<u> </u>			Trust Fund Contribution Added to Fees		
Zip	Country		Zip Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30			Florida Statutes Yes No		
	9. Name and Addres	s of Current Registered Age	nt	81	Nesse	10. Name and Address of New Re	gistered Agent	
				61	Name			
	F. PAPA, P.A.		82 Street Add		ddress (P.O. Box Number is Not Acceptable)			
1300 N FEDERAL HWY								
SUITE 107				63		· ·		
BOCA R	ATON FL 33432			84	City		FL 85	Zip Code
11. Pursuant i	to the provisions of Section	ons 617,0502 and 617,1508, F	lorida Statutes, th	ne above	-named co	progration submits this statement for the p	urpose of changi	ng 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								
	Signature, typed or printed name of	of registered agent and title if applicable	(NOTE: Regi	stered Age	nt signature rec	quired when reinstating)	DATE	
12.	QF	FICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
TITLE	PD		DELETE	1.1 TITLE			☐ Cha	nge Addition
NAME	Papa, Joseph F			1.2 NAME				
STREET ADDRESS	s 1300 NORTH FEDERAL HIGHWAY #107			1.3 STREET	ADDRESS		•	
CITY - ST - ZIP	BOCA RATON FL		1	1.4 CITY-S	1-21P			
TITLE	VPD		DELETE	2.1 TITLE			Cha	nge Addition
NAME	GAGNON, EMILE P	1		2.2 NAME				ļ
STREET ADDRESS	200 BONNIE BLVD	#128		2.3 STREET	ADDRESS			
CITY-ST-ZIP	PALM SPRING FL			2. 4 CITY-	ST - ZIP			
TITLE	TSD		DELETE	3.1 TITLE			☐ Cha	nge 🔲 Addition
NAME	LEVINSON, PHILIP	Z		3.2 NAME	1			
STREET ADDRESS	1300 NO. FEDERAL		! :	3.3 STREET	ADDRESS			
CIFY-ST-ZIP	BOCA RATON FL		! :	3.4. CITY-1	ST-ZIP			
TITLE				4.1 TITLE			Cha	nge Addition
NAME			1.	4. 2 NAME	ĺ			
STREET ADDRESS			1	4.3 STREET	ADDRESS			
CITY-ST-ZIP			-	4.4 CITY-S				
TITLE				5.1 TITLE	11- 211		☐ Cha	nge Addition
NAME		-		5.2 NAME			<u> </u>	\$- <u>—</u> ,
STREET ADDRESS				5.3 STREET	ADDRECC			
					1			
CITY-ST-ZIP TITLE			4.4.4.4.4	5.4 CITY - S	1 - ZIP		☐ Cha	inge Addition
		L		6.1 TITLE	1		UI6	ingo 🗀 Nutritili
NAME				6.2 NAME				
STREET ADORESS				6.3 STREET	ADDRESS			

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.