


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90098 034 \*\*\*\*61.25

0040020

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

**DOCUMENT # N94000000802**

1. Corporation Name  
**MARGARET A. GUISTETTI PALM BEACH CHAPTER DAR FOUNDATION, INC.**

Principal Place of Business % JONES, FOSTER, JOHNSTON & STUBBS, P.A. 505 S. FLAGLER DR., #1100 WEST PALM BEACH FL 33401	Mailing Address % JONES, FOSTER, JOHNSTON & STUBBS, P.A. 505 S. FLAGLER DR., #1100 WEST PALM BEACH FL 33401
--	--



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 02/15/1994	4. FEI Number 65-6158034 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

**DOANE, REBECCA G**  
**JONES, FOSTER, JOHNSTON & STUBBS, P.A.**  
**505 S. FLAGLER DR., #1100**  
**WEST PALM BEACH FL 33401**

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 *Rebecca G. Doane, P.* **Rebecca G. Doane, P.** DATE **1-6-98**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DOANE, REBECCA G	
STREET ADDRESS	505 S. FLAGLER DRIVE, #1100	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLEMING, KATHLEEN G MRS.	
STREET ADDRESS	166 LAKE DRIVE	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHEPHERD, NANCY A MRS.	
STREET ADDRESS	1902 NOTRE DAME DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33460-6349	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MORGAN, MARIAN MRS.	
STREET ADDRESS	9 SLASH PINE VILLA, DELRAY DUNES	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, WILLIAM F MRS.	
STREET ADDRESS	4766 S. LAKE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VECELLO, KATHRYN C MRS.	
STREET ADDRESS	771 VILLAGE ROAD	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gough, Carolyn H.	
1.3 STREET ADDRESS	458 S. Country Club Drive	
1.4 CITY-ST-ZIP	ATLANTIS, Florida 33462	
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 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, with all other like empowered.

SIGNATURE: *Rebecca G. Doane, P.* SIGNATURE REQUIRED DATE: \_\_\_\_\_ DAYTIME PHONE #: (561) 59-3000

CR2E037 (1/198)