

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000004273 (8)**

1. Corporation Name

**THE PHILIP GUNNISON-FRANCIS ROSEN FOUNDATION, INC.**



Principal Place of Business: 1200 N. FEDERAL HIGHWAY, SUITE 411 BOCA RATON FL 33432  
Mailing Address: 1200 N. FEDERAL HIGHWAY, SUITE 411 BOCA RATON FL 33432

3. Date Incorporated or Qualified: **08/26/1994**  
3a. Date of Last Report: **02/21/1995**  
4. FEI Number: **65-6158179**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

**9. Name and Address of Current Registered Agent**

**RAYMOND, JOHN J JR.  
1200 N. FEDERAL HIGHWAY, SUITE 411  
BOCA RATON FL 33432**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, FRANCES	1.2 NAME	
STREET ADDRESS	279 S. BARRINGTON AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90049	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, DANIEL S	2.2 NAME	
STREET ADDRESS	279 S. BARRINGTON AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90049	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, RONALD K.S.	3.2 NAME	
STREET ADDRESS	279 S. BARRINGTON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90049	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDING, LISA B	4.2 NAME	
STREET ADDRESS	279 S. BARRINGTON AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90049	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND, JOHN J JR.	5.2 NAME	
STREET ADDRESS	1200 N. FEDERAL HIGHWAY, SUITE 411	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John J. Raymond, Jr. Trustee Date: January 26, 1996 407.368.2151  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)