


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90102 037 \*\*\*\*61.25

DOCUMENT # N97000003330

1. Entity Name  
 CAPE ELEUTHERA FOUNDATION, INC.



Principal Place of Business  
~~50 W MASHTA DR #5~~ *777 S Flagler Dr*  
~~KEY BISCAYNE, FL~~ *Suite 500 E*  
*West Palm Beach, FL 33401*

Mailing Address  
 PO BOX 5910  
 PRINCETON, NJ 08543-5910

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

01112007 Chg-NP CR2E037 (12/06)

4. FEI Number  
 31-1591503

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BEALL, KENNETH J JR  
 777 S FLAGLER DR STE 500 E  
 WEST PALM BCH, FL 33401

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEALL, KENNETH S JR 777 S FLAGLER DR STE 500E WEST PALM BCH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNCAN, FRASIER JR 660 LINTON BLVD STE 207 DELRAY BEACH, FL 33444 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MORRIS, LES 78 Tanglewood Drive Lawry's Island, SC 29585
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, DAVID W 201 MONROE AVE NW STE 500 GRAND RAPIDS, MI 49503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 260 Lakeside Drive SE East Grand Rapids, MI 49506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAXEY, CHRISTOPHER B P O BOX 6008 N/A LAWRENCEVILLE, NJ 08648 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 6008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUTTAL BT, NICHOLAS P O BOX N7776 N/A NASSAU NEW PROVINCENCE BHAMAS, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bardel, William P.O. Box 6003 c/o Lawrenceville Sch. Lawrenceville, NJ 08648
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TWISS, JOHN J JR 901 TURKEY RUN ROAD MCLEAN, VA 22101 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bonnett, William 16 Montrose Drive Princeton NJ 08550

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *C. Maxey* Christopher Maxey 1/11/07 609-452-0990  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
40004488  
# N97000003336

CAPE ELEUTHERA FOUNDATION, INC.  
PO BOX 5910  
Princeton, NJ 08543

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Board of Directors

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ADDITIONAL BOARD MEMBERS NAMES  
2007 NOT-FOR-PROFIT CORPATION ANNUAL REORT

DIRECTOR Dr. Daniel Benetti	Rosentiel School, University of Miami 4600 Rickenbacker Causeway Miami, FL 33149
DIRECTOR Mr. Daniel DeVos	Cape Eleuthera Resort Ltd. 200 Ottawa North West, Suite 500 Grand Rapids, MI 49503
DIRECTOR Dr. Sylvia Earle	12812 Skyline Blvd Oakland, CA 94619
DIRECTOR Ms. Carlene Larrson	60 Snake Hill Road Belmont, MA 02478
DIRECTOR Ms. Elizabeth Lilleston	118 Woodland Drive Fair Haven, NJ 07704
DIRECTOR Dr. Kevin Mattingly	The Lawrenceville School PO Box 6008 Lawrenceville, NJ 08648
DIRECTOR Ms. Claire Pierson	743 Bedford Road Sleepy Hollow, NY 10591
DIRECTOR Dr. David Verdier	3043 Mary Avenue SE East Grand Rapids, MI 49506
DIRECTOR Ms. Francesca Forrestal	435 East 52 <sup>nd</sup> Street New York, NY 10022