

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008
Secretary of State

DOCUMENT# N97000003330

Entity Name: CAPE ELEUTHERA FOUNDATION, INC.

Current Principal Place of Business:

777 S FLAGLER DR
STE 500 E
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

PO BOX 5910
PRINCETON, NJ 085435910

New Mailing Address:

FEI Number: 31-1591503 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEALL, KENNETH J JR
777 S FLAGLER DR STE 500 E
WEST PALM BCH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: BEALL, KENNETH S JR
Address: 777 S FLAGLER DR STE 500E
City-St-Zip: WEST PALM BCH, FL 33401

Title: COB () Delete
Name: MORRIS, LES
Address: 18 TANGLEWOOD DR
City-St-Zip: PAWLEYS ISLAND, SC 29585

Title: T () Delete
Name: GREEN, DAVID W
Address: 260 LAKESIDE DRIVE SE
City-St-Zip: GRAND RAPIDS, MI 49506

Title: PD () Delete
Name: MAXEY, CHRISTOPHER B
Address: P O BOX 6008
City-St-Zip: LAWRENCEVILLE, NJ 08648

Title: D () Delete
Name: BARDEL, WILLIAM
Address: P O BOX 6003, C/O LAWRENCEVILLE SCHOOL
City-St-Zip: LAWRENCEVILLE, NJ 08648 OC

Title: D () Delete
Name: BOHNETT, WILLIAM
Address: 16 MONTEREY DR
City-St-Zip: PRINCETON JUNCTION, NJ 08550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER B. MAXEY

PRES

02/07/2008

Electronic Signature of Signing Officer or Director

Date