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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000007072

1. Corporation Name
THE SLATER FOUNDATION, INC.

Principal Place of Business: 44 COCOANUT ROW #B-107 PALM BEACH FL 33480
 Mailing Address: 44 COCOANUT ROW #B-107 PALM BEACH FL 33480



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/19/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				31-1582513	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
George V. Famiglio JR 1634 Main St Sarasota, FL 34236				81 Name: GEORGE V. FAMIGLIO JR			
				82 Street Address (PO Box Number is Not Acceptable): 1634 Main St			
				83 City: S			
				84 City: Sarasota		85 Zip Code: FL 34236	

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: *[Signature]* DATE: 4/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	SLATER, ALVIN J		1.2 NAME		
STREET ADDRESS	44 COCOANUT ROW #B-107		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		1.4 CITY-ST-ZIP		
TITLE	VPSD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLATER, SHIRLEY		2.2 NAME		
STREET ADDRESS	44 COCOANUT ROW #B-107		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLATER, RICHARD J		3.2 NAME		
STREET ADDRESS	10 TREMONT STREET, 6TH FLOOR		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02018		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLATER, KENNETH Z		4.2 NAME		
STREET ADDRESS	10 TREMONT STREET, 6TH FLOOR		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02018		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 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: *[Signature]* DATE: 4/27/99 DAYTIME PHONE #: 617 587 1799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)