

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 27 AM 11:11

DOCUMENT # **P04170** (7)
1. Corporation Name
THE MCINTOSH FOUNDATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business
215 FIFTH STREET
SUITE 300
WEST PALM BEACH FL 33401

Mailing Address
215 FIFTH STREET
SUITE 300
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified 11/28/1984	3a. Date of Last Report 04/04/1994
4. FEI Number 13-6096459	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**MCINTOSH, MICHAEL A.
SUITE 100
215 FIFTH STREET
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCINTOSH, MICHAEL A. 215 FIFTH ST., SUITE 100 WEST PALM BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD MCINTOSH, PETER P. O. BOX 218, 247 BL RK REDDING RIDGE, CN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCINTOSH, JOAN P. O. BOX 218, 274 BL RK REDDING RIDGE, CN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TERRY, FREDERICK A., JR. 250 PARK AVENUE NEW YORK NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCINTOSH, WINSOME (ASST) 215 FIFTH ST., SUITE 100 WEST PALM BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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: *Michael McIntosh* **Michael McIntosh** 3/22/95 407-832-8845
DATE: _____ DAYTIME PHONE: _____