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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **P36423** **(2)**

1. Corporation Name

ROBERT RAUSCHENBERG FOUNDATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 54 CAPTIVA FL 33924	P.O. BOX 54 CAPTIVA FL 33924-0054

3. Date Incorporated or Qualified: **11/25/1991**
3a. Date of Last Report: **01/26/1996**

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

4. FEI Number: **65-0200989** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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: _____ DATE
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	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RAUSCHENBERG, ROBERT		1.2 NAME	
STREET ADDRESS	11559 LAIKA LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPTIVA FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	POTTORF, DARRYL		2.2 NAME	
STREET ADDRESS	11520 LAIKA LN., P. O. BOX 54		2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPTIVA FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, DAVID		3.2 NAME	
STREET ADDRESS	145 OLD STONE HWY		3.3 STREET ADDRESS	
CITY-ST-ZIP	EAST HAMPTON NY		3.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JEFFRIES, BRADLEY		4.2 NAME	
STREET ADDRESS	1039 BEACH ROAD, #101		4.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KHEEL, THEODORE W.		5.2 NAME	
STREET ADDRESS	407 WEST 246TH STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERDALE NY		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Bradley Jeffries BRADLEY JEFFRIES 1/22/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0067044