

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 26 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **P36423** (2)

1. Corporation Name

**ROBERT RAUSCHENBERG FOUNDATION, INC.**

Principal Place of Business

P.O. BOX 54  
CAPTIVA FL 33924

Mailing Address

P.O. BOX 54  
CAPTIVA FL 33924



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

3. Date Incorporated or Qualified

**11/25/1991**

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | CD                                   | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>RAUSCHENBERG, ROBERT</b>          | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>11559 LAIKA LANE</b>              | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>CAPTIVA FL</b>                    | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | PD                                   | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>POTTORF, DARRYL</b>               | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>11520 LAIKA LN., P. O. BOX 54</b> | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>CAPTIVA FL</b>                    | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | VD                                   | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WHITE, DAVID</b>                  | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>145 OLD STONE HWY</b>             | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>EAST HAMPTON NY</b>               | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | STD                                  | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JEFFRIES, BRADLEY</b>             | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>1039 BEACH ROAD, #101</b>         | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>SANIBEL FL</b>                    | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D                                    | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KHEEL, THEODORE W.</b>            | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>407 WEST 248TH STREET</b>         | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>RIVERDALE NY</b>                  | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                                      | 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.

SIGNATURE *Bradley Jeffries* 2-13-98 941-472-5445

CP2E037 (10/97)