FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
Jun 18, 1999 8:00 am
Secretary of State
06-18-1999 90006 006 ****61.25

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DOCUMENT # **P36423**

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	11/25/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0200989 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ 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	D	☐ Change ☑ Addition
NAME			6.2 NAME	GRUTMAN, BENNET	
STREET ADDRESS			6.3 STREET ADDRESS	33 THOMAS DR.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	MANALAPAN, NJ 07726	

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: Bradley Jeffries SIGNATURE REQUIRED BRADLEY JEFFRIES 4-26-99 941-472-5445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)