

4/24/98 B-5564 - C  
FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000003459 (5)**

1. Corporation Name

**THE PURCELL FAMILY FOUNDATION, INC.**



Principal Place of Business <b>14155 U. S. HIGHWAY ONE STE. 310 JUNO BEACH FL 33408 US</b>	Mailing Address <b>14155 U. S. HIGHWAY ONE STE. 310 JUNO BEACH FL 33408 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date incorporated or Qualified <b>07/29/1993</b>	
4. FEI Number <b>16-1425579</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PURCELL, JOHN R 14155 U.S. HWY. ONE STE. 310 JUNO BCH FL 33408</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code <b>FL</b>

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	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>PURCELL, JOHN R</b>
STREET ADDRESS	<b>14155 US HWY. ONE STE. 310</b>
CITY-ST-ZIP	<b>JUNO BCH FL 33408</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE
NAME	<b>PURCELL, SHERYL I</b>
STREET ADDRESS	<b>14155 US HWY. ONE STE. 310</b>
CITY-ST-ZIP	<b>JUNO BCH FL 33408</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WILLIAMS, JAMES D</b>
STREET ADDRESS	<b>14155 US HWY ONE, STE. 310</b>
CITY-ST-ZIP	<b>JUNO BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MARTIN, SANDY</b>
1.3 STREET ADDRESS	<b>14155 US HWY ONE, STE 310</b>
1.4 CITY-ST-ZIP	<b>JUNO BEACH, FL 33408</b>
2.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>NIELSEN, PATRICIA H.</b>
2.3 STREET ADDRESS	<b>14155 US HWY ONE, STE 310</b>
2.4 CITY-ST-ZIP	<b>JUNO BEACH, FL 33408</b>
3.1 TITLE	<b>CDPS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>PURCELL, JOHN R.</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>VTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Purcell, SHERYL I.</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 for 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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in the report, or on an attachment with an address.

**SHERYL I. PURCELL, RED**

**4/23/98**

**(56) 622-2000**

CR2E037 (10/97)