

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90076 026 \*\*\*\*61.25

**DOCUMENT # F93000003459**

**1. Entity Name**  
THE PURCELL FAMILY FOUNDATION, INC.



**Principal Place of Business**  
14155 U. S. HIGHWAY ONE  
STE. 310  
JUNO BEACH, FL 33408 US

**Mailing Address**  
14155 U. S. HIGHWAY ONE  
STE. 310  
JUNO BEACH, FL 33408 US

**66005906**



01102007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
16-1425579

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

PURCELL, JOHN R  
14155 U.S. HWY. ONE  
STE. 310  
JUNO BCH, FL 33408

**DO NOT WRITE  
IN THIS SPACE**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fee is \$61.25  
Due by May 1, 2007**

**9. Election Campaign Financing**  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
VTD  
PURCELL, SHERYL I  
14155 US HWY. ONE STE. 310  
JUNO BCH, FL 33408

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
CDPS  
PURCELL, JOHN R  
14155 US HWY ONE STE 310  
JUNO BEACH, FL 33408

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
D  
GRONCZEWSKI, SANDY  
14155 US HWY ONE STE 310  
JUNO BEACH, FL 33408

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
S  
BEH, LAUREL  
14155 US HIGHWAY ONE STE. 310  
NORTH PALM BEACH, FL 33408

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*John R. Purcell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/07  
Date

561-622-2000  
Daytime Phone #