

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006001

Entity Name: THE CARYL LOUISE BOIES MEMORIAL FOUNDATION, INC.**Current Principal Place of Business:**801 N RIO VISTA BLVD
FT LAUDERDALE, FL 33301**Current Mailing Address:**801 N RIO VISTA BLVD
FT LAUDERDALE, FL 33301**FEI Number: 30-0692504****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MANISCALCO, CARYL
801 N RIO VISTA BLVD
FT LAUDERDALE, FL 33301 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	MANISCALCO, CARYL
Address	801 N RIO VISTA BLVD
City-State-Zip:	FT LAUDERDALE FL 33301

Title	D
Name	MILLER, BARBARA
Address	442 POINCIANA DR
City-State-Zip:	HALLANDALE FL 33009

Title	D
Name	MCCAWLEY, SIGRID
Address	1331 PONCE DE LEON DR
City-State-Zip:	FT LAUDERDALE FL 33316

Title	D
Name	TOOTHAKER, STEPHANIE
Address	901 PONCE DE LEON DR
City-State-Zip:	FT LAUDERDALE FL 33316

Title	D
Name	BOIES, DAVID III
Address	11340 LAFFERTY LANE
City-State-Zip:	FAIRFAX VA 22030

Title	DIRECTOR
Name	BINDER, JONATHAN
Address	1014 NE 5TH STREET
City-State-Zip:	FT. LAUDERDALE FL 33301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SIGRID S. MCCAWLEY**DIRECTOR****01/12/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date