

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003330

Entity Name: CAPE ELEUTHERA FOUNDATION, INC.

Current Principal Place of Business:

777 S FLAGLER DR
STE 500 E
WEST PALM BEACH, FL 33401

Current Mailing Address:

CAPE ELEUTHERA FOUNDATION INC.
1900 MARKET ST
PHILADELPHIA, PA 19103 US

FEI Number: 31-1591503

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEALL, KENNETH JJR
777 S FLAGLER DR STE 500 E
WEST PALM BCH, FL 33401 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 CHAIRMAN
Name NYSTROM, WILLIAM
Address 79 PINE STREET
City-State-Zip: DOVER MA 02030

Title VICE CHAIR
Name KEEFE, DOMINIQUE
Address 111 MONTGOMERY STREET
APT 9B
City-State-Zip: BROOKLYN NY 11225

Title TREASURER
Name NORRIS, CHRISTOPHER
Address 50 PRINCE STREET
City-State-Zip: NEW YORK NY 10012

Title DIRECTOR
Name FROST, EDNA ELIZABETH
Address 415 OCEAN ROAD
City-State-Zip: NARRAGANSETT RI 02882

Title DIRECTOR
Name BARNES, MARY KATE
Address 2500 MAIN STREET
City-State-Zip: LAWRENCE TOWNSHIP NJ 08648

Title SECRETARY
Name BOHNSACK, WILLIAM
Address 90 LONG NECK POINT ROAD
City-State-Zip: DARIEN CT 06820

Title DIRECTOR
Name CAREY, WILLIAM
Address 15 CONANT RD
City-State-Zip: LINCOLN MA 01773

Title DIRECTOR
Name RICHARDSON, AMY
Address 62 CLAPBOARD HILL RD
City-State-Zip: WESTPORT CT 06880

Continues on page 2

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: WILLIAM NYSTROM

CHAIRMAN

01/17/2024

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BAYLOR, JESSICA
Address 155 HIGH STREET
City-State-Zip: NEWBURYPORT MA 01950

Title DIRECTOR
Name LEE, BRIAN
Address 29 CRESTVIEW DR
City-State-Zip: KENDALL PARK NJ 08824

Title DIRECTOR
Name HONE, BENJAMIN
Address 500 WASHINGTON STREET
City-State-Zip: HOBOKEN NJ 07030

Title DIRECTOR
Name BROWN, CARTER
Address 35 LOMASNEY WAY
3112
City-State-Zip: BOSTON MA 02114

Title DIRECTOR
Name VASQUEZ UKPONG, JULIE
Address 1748 UNDERCLIFF AVENUE
City-State-Zip: BRONX NY 10453

Title DIRECTOR
Name ANDERSON, GEORGIANNA
Address 185 WESTFIELD STREET
City-State-Zip: WESTWOOD MA 02090

Title DIRECTOR
Name TAFT, DAVID
Address 132 FARM STREET
City-State-Zip: DOVER MA 02030

Title DIRECTOR
Name HARRIS, ANDREW
Address 200 NORTH ARTHUR ASHE
BOULEVARD
City-State-Zip: RICHMOND VA 23220