

**2022 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 BARNES, MARY KATE  
Address PO BOX 6337  
City-State-Zip: LAWRENCEVILLE NJ 08648

Title VC  
Name ZWEIG, JOHN  
Address 86 DURAND ROAD  
City-State-Zip: MAPLEWOOD NJ 07040

Title DIRECTOR  
Name VANACORE, PATRICIA  
Address 42 ST. NICHOLAS ROAD  
City-State-Zip: DARIEN CT 06820

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

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

Title SECRETARY, TREASURER  
Name NYSTROM, WILLIAM  
Address 79 PINE STREET  
City-State-Zip: DOVER MA 02030

Title DIRECTOR  
Name VETTER, MELANIE  
Address 419 CROWN ROAD  
City-State-Zip: KENTFIELD CA 94904

Title DIRECTOR  
Name BOHNSACK, WILLIAM  
Address 106 PEAR TREE POINT ROAD  
City-State-Zip: DARIEN CT 06820

**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: MARY KATE BARNES**

**CHAIRMAN**

**02/03/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

Title DIRECTOR  
Name COHEN, MATT  
Address 888 7TH AVENUE  
City-State-Zip: NEW YORK NY 10019

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

Title DIRECTOR  
Name KEEFE, DOMINIQUE  
Address 400 W 119TH STREET  
APT 7L  
City-State-Zip: NEW YORK NY 10027

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

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