

2020 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.
1430 WALNUT STREET SUITE 200
PHILADELPHIA, PA 19102 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 D
Name BENETTI, DANIEL
Address 4600 RICKENBACKER CAUSEWAY
City-State-Zip: MIAMI FL 33149

Title DIRECTOR
Name PARIZEAU, ERNIE
Address 68 LINCOLN ROAD
City-State-Zip: WELLESLEY MA 02481

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

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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

03/12/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TYRIE, DAVID
Address 211 BRIDLE TRAIL ROAD
City-State-Zip: NEEDHAM MA 02492

Title DIRECTOR
Name PICKALL, MOLLY
Address 14 GARDNER PARK DRIVE
City-State-Zip: BOZEMAN MT 59715

Title DIRECTOR
Name ROBERTSHAW, JOHN
Address 43 FIELD ROAD
City-State-Zip: CLINTON CORNERS NY 12514

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

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

Title DIRECTOR
Name VIOLICH, MACKELLAR
Address 5 FERN WAY
City-State-Zip: KENTFIELD CA 94904