

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003330

**FILED**  
**Jan 29, 2019**  
**Secretary of State**  
**1166912526CC**

**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.  
745 ATLANTIC AVENUE 8TH FLOOR  
BOSTON, MA 02111 US

**FEI Number:** 31-1591503

**Certificate of Status Desired:** Yes

**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

**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**

**01/29/2019**

\_\_\_\_\_  
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 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

Title DIRECTOR  
Name KEEFE, DOMINIQUE  
Address 176 15TH STREET, APT 303  
City-State-Zip: OAKLAND CA 94612

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