

2017 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.
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 CHAIRMAN
Name PARIZEAU, ERNIE
Address 68 LINCOLN ROAD
City-State-Zip: WELLESLEY MA 02481

Title DIRECTOR
Name WILSON, MARGARET
Address 615 FALLS ROAD
City-State-Zip: CHAGRIN FALLS OH 44022

Title VC
Name BARNES, MARY KATE
Address PO BOX 6337
City-State-Zip: LAWRENCEVILLE NJ 08648

Title SECRETARY
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 BUNN, MARGOT
Address 203 EAST 72ND STREET
APT 2K
City-State-Zip: NEW YORK NY 10021

Title DIRECTOR
Name DEL VECCHIO, NICHOLAS
Address 216 HARVARD STREET
FLOOR 1
City-State-Zip: CAMBRIDGE MA 02139

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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: ERNIE PARIZEAU

CHAIRMAN

02/07/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name SPRING, THATCHER
Address 1625 PACIFIC AVENUE
#302
City-State-Zip: SAN FRANCISCO CA 94109

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

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