

**2013 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:**

PO BOX 5910  
PRINCETON, NJ 08543-5910

**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 S  
Name BEALL, KENNETH SJR  
Address 777 S FLAGLER DR STE 500E  
City-State-Zip: WEST PALM BCH FL 33401

Title COB  
Name MORRIS, LES  
Address 70TANGLEWOOD DR  
City-State-Zip: PAWLEYS ISLAND SC 29585

Title D  
Name HAMILL, LEITA  
Address 947 LAWRENCEVILLE ROAD  
City-State-Zip: PRINCETON NJ 08640

Title D  
Name BENETTI, DANIEL  
Address 4600 RICKENBACKER CAUSEWAY  
City-State-Zip: MIAMI FL 33149

Title TREASURER  
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 DIRECTOR  
Name HOLOWESKO, STEPHEN  
Address SHIPSTON HOUSE  
WEST BAY STREET  
City-State-Zip: NASSAU NEW PROVIDENCE

Title DIRECTOR  
Name SIEGEL, WENDY  
Address 631 PARK AVENUE  
City-State-Zip: NEW YORK NY 10021

**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: KENNETH BEALL**

**SECRETARY**

**02/01/2013**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SNYDER, BENJAMIN  
Address 77 CAMPUS DRIVE  
City-State-Zip: DEDHAM MA 02026

Title DIRECTOR  
Name ZIESING, LUCINDA  
Address 166 CHESTNUT STREET  
City-State-Zip: CAMDEN ME 04843

Title DIRECTOR  
Name VERDIER, DAVID DR.  
Address 3043 MARY AVENUE  
City-State-Zip: GRAND RAPIDS MI 49506

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