

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003330

FILED
Feb 01, 2013
Secretary of State
CC7964817375

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