

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003330

FILED
Apr 14, 2014
Secretary of State
CC4104328816

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 6008
LAWRENCEVILLE, NJ 08648 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 S
Name BEALL, KENNETH SJR
Address 777 S FLAGLER DR STE 500E
City-State-Zip: WEST PALM BCH FL 33401

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

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

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

Title DIRECTOR
Name ZWEIG, JOHN
Address 86 DURAND ROAD
City-State-Zip: MAPLEWOOD NJ 07040

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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: KENNETH S BEALL JR

SECRETARY

04/14/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KING, ELAINE
Address 81 FARM STREET
City-State-Zip: DOVER MA 02030

Title DIRECTOR
Name VANACORE, PATRICIA
Address 42 ST. NICHOLAS ROAD
City-State-Zip: DARIEN CT 06820

Title DIRECTOR
Name MEIJER, PETER JF
Address 91 HORATIO STREET
APT 1S
City-State-Zip: NEW YORK NY 10014