

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **739718** (5)

1. Corporation Name

THE BENJAMIN SCHOOL FOUNDATION, INC.



Principal Place of Business

**11000 ELLISON WILSON RD.
NORTH PALM BEACH FL 33408**

Mailing Address

**11000 ELLISON WILSON RD.
NORTH PALM BEACH FL 33408**

3. Date Incorporated or Qualified
07/25/1977

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

51-0221540

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROD L. KEHL, HEADMASTER
THE BENJAMIN SCHOOL
11000 ELLISON WILSON ROAD
NORTH PALM BEACH FL 33408**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0208, Florida Statutes.

SIGNATURE

[Signature]

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **VPO**
STREET ADDRESS **FREDERICKSON, IVAN C.**
CITY-ST-ZIP **12414 INDIAN ROAD
NORTH PALM BEACH FL**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **GASKILL, TANA J**
CITY-ST-ZIP **2610 BORDEAUX CT.
PALM BEACH GARDENS FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ECCLESTONE, E. LLWYD, JR.**
CITY-ST-ZIP **919 EAST END ROAD
NORTH PALM BEACH FL 33408**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **HENRY, THORNTON M.**
CITY-ST-ZIP **3028 WASHINGTON ROAD
WEST PALM BEACH FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SEARCY, CHRISTIAN D.**
CITY-ST-ZIP **12346 RIDGE ROAD
NORTH PALM BEACH FL**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **KEHL, ROD L.**
CITY-ST-ZIP **11000 ELLISON WILSON RD.
NORTH PALM BEACH FL 33408**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96
Date

Daytime Phone #

CR2E037 (12/95)