

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739718** (5)

1. Corporation Name

THE BENJAMIN SCHOOL FOUNDATION, INC.



Principal Place of Business <b>11000 ELLISON WILSON RD. NORTH PALM BEACH FL 33408</b>	Mailing Address <b>11000 ELLISON WILSON RD. NORTH PALM BEACH FL 33408-3108</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Country <b>30</b>

3. Date Incorporated or Qualified <b>07/25/1977</b>	3a. Date of Last Report <b>02/21/1996</b>
4. FEI Number <b>51-0221540</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ROD L. KEHL, HEADMASTER THE BENJAMIN SCHOOL 11000 ELLISON WILSON ROAD NORTH PALM BEACH FL 33408</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	VPD <input type="checkbox"/> DELETE
NAME	FREDERICKSON, IVAN C.
STREET ADDRESS	12414 INDIAN ROAD
CITY-ST-ZIP	NORTH PALM BEACH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	GASKILL, TANA J
STREET ADDRESS	2610 BORDEAUX CT.
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ECCLESTONE, E. LLWYD, JR.
STREET ADDRESS	919 EAST END ROAD
CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	STD <input type="checkbox"/> DELETE
NAME	HENRY, THORNTON M.
STREET ADDRESS	3028 WASHINGTON ROAD
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SEARCY, CHRISTIAN D.
STREET ADDRESS	12346 RIDGE ROAD
CITY-ST-ZIP	NORTH PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KEHL, ROD L.
STREET ADDRESS	11000 ELLISON WILSON RD.
CITY-ST-ZIP	NORTH PALM BEACH FL 33408

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  1-8-97 1-561-626-3747  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040611

CR2E037 (9/96)