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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

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

4. FEI Number

51-0221540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 617.0503, 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:



CR2E037 (10/97)