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Jan 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 741220 (8)

1. Corporation Name  
FIRST PRESBYTERIAN FOUNDATION OF BOCA RATON, FLORIDA, INC.



Principal Place of Business  
600 WEST CAMINO REAL  
BOCA RATON FL 33486-2523

Mailing Address  
600 WEST CAMINO REAL  
BOCA RATON FL 33486-5523

3. Date Incorporated or Qualified 12/27/1977  
3a. Date of Last Report 02/09/1996

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

4. FEI Number 59-1778407  
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

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

MARSHALL, JAMES S.  
1471 SW 13TH PLACE  
BOCA RATON FL 33486

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SIMPSON, WILLIAM C JR  
STREET ADDRESS 1040 BANYAN RD., #102-C  
CITY-ST-ZIP BOCA RATON FL 33432-7634

TITLE D  
NAME REDGRAVE, ARTHUR  
STREET ADDRESS 5720 ST. ANNES WAY  
CITY-ST-ZIP BOCA RATON FL 33496-2528

TITLE S  
NAME CARPENTER, GAIL A.  
STREET ADDRESS 840 SW 18TH ST.  
CITY-ST-ZIP BOCA RATON FL

TITLE T  
NAME KIMBERLY, DEE  
STREET ADDRESS 530 NE GOLDEN HARBOR DR.  
CITY-ST-ZIP BOCA RATON FL 33432-2942

TITLE VD  
NAME MARSHALL, JAMES S.  
STREET ADDRESS 1471 SW 13TH PLACE  
CITY-ST-ZIP BOCA RATON FL

TITLE D  
NAME DYER, ROBERT B  
STREET ADDRESS 2835 BANYAN CIR NW  
CITY-ST-ZIP BOCA RATON FL 33431-6363

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 33486-6937

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP 33486-5376

6.1 TITLE  
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: Dee W. Kimberly DEE W. KIMBERLY 1-17-97 561-392-8971  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045067

CR2E037 (9/96)