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Feb 09 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 # 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 33486-2523
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3. Date Incorporated or Qualified 12/27/1977	4. FEI Number 59-1778407	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME SIMPSON, WILLIAM C JR	
STREET ADDRESS 1040 BANYAN RD., #102-C	
CITY-ST-ZIP BOCA RATON FL 33432-7634	
TITLE D	<input type="checkbox"/> DELETE
NAME REDGRAVE, ARTHUR	
STREET ADDRESS 5720 ST. ANNES WAY	
CITY-ST-ZIP BOCA RATON FL 33496-2528	
TITLE S	<input type="checkbox"/> DELETE
NAME CARPENTER, GAIL A.	
STREET ADDRESS 640 SW 18TH ST.	
CITY-ST-ZIP BOCA RATON FL	
TITLE T	<input type="checkbox"/> DELETE
NAME KIMBERLY, DEE	
STREET ADDRESS 530 NE GOLDEN HARBOR DR.	
CITY-ST-ZIP BOCA RATON FL 33432-2942	
TITLE VD	<input type="checkbox"/> DELETE
NAME MARSHALL, JAMES S.	
STREET ADDRESS 1471 SW 13TH PLACE	
CITY-ST-ZIP BOCA RATON FL	
TITLE D	<input type="checkbox"/> DELETE
NAME DYER, ROBERT B	
STREET ADDRESS 2835 BANYAN CIR NW	
CITY-ST-ZIP BOCA RATON FL 33431-6383	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME SUSAN SPENCE	
1.3 STREET ADDRESS 1030 SW 1ST ST	
1.4 CITY-ST-ZIP BOCA RATON FL 33486-4538	
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 PD	<input checked="" 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 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: *[Signature]* 2/1/98 318-1027

CF2E037 (10/97)