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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 741220

1. Corporation Name

**FIRST PRESBYTERIAN FOUNDATION OF BOCA RATON, FLO
 RIDA, 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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/27/1977

21

26

4. FEI Number

59-1778407

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

29

30

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 DELETE

1.1 TITLE Change Addition

NAME **V**
 SPENCE, SUSAN
 STREET ADDRESS **1030 SW 1ST ST**
 CITY-ST-ZIP **BOCA RATON FL 33486**

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE

2.1 TITLE Change Addition

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

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE

3.1 TITLE Change Addition

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

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE

4.1 TITLE Change Addition

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

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY*ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition

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

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE

6.1 TITLE Change Addition

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

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, with all other like empowered.

SIGNATURE: *Dee S. Kimberly* REDEEM: **KIMBERLY**

2/12/99 561-392-8971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)