


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 741220**  
1. Entity 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**

**DO NOT WRITE IN THIS SPACE**



01152006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-1778407** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CARPENTER, GAIL  
840 SW. 18TH ST.  
BOCA RATON, FL 33486**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	SPENCE, SUSAN
STREET ADDRESS	1030 SW 1ST ST
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	S
NAME	KIMBERLY, JANE
STREET ADDRESS	530 NE GOLDEN HARBOUR DR.
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	PD
NAME	CARPENTER, GAIL A
STREET ADDRESS	1051 SW 18TH ST
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	T
NAME	KIMBERLY, DEE
STREET ADDRESS	530 NE GOLDEN HARBOR DR.
CITY-ST-ZIP	BOCA RATON, FL 334322942
TITLE	D
NAME	MARSHALL, JAMES S
STREET ADDRESS	86065 VERDE TR S, G-126
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	STROCK, ARTHUR V
STREET ADDRESS	6 LITTLE HARBOUR WAY
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441

U00000396402  
01/30/06-80008-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Dee M. Kimberly* **DEE KIMBERLY** **1-18-06** **561-392-8971**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #