

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90106 050 ****61.25

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1778407

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARPENTER, GAIL
840 SW 18TH ST.
BOCA RATON, FL 33486**

Name

Street Address (P.O. Box Number is Not Acceptable)

1051 SW 18TH ST

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DYER, PATRICIA	
STREET ADDRESS	2835 SANYAN BLVD CER NW	
CITY - ST - ZIP	BOCA RATON, FL 33431-6363	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, RICHARD O	
STREET ADDRESS	20646 NW 26TH AVE	
CITY - ST - ZIP	BOCA RATON, FL 33434-4434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gail Carpenter
January 11, 2008

Date

(561) 391-9134
Daytime Phone #