-61.25-$61.25

AMOUNT DUE ON OR BEFORE 05/1/99 (IF POSTMARKED, ADDITIONAL AMOUNT DUE TO REINSTATE)

FILED
Jul 26, 1999 8:00 am
Secretary of State
07-26-1999 90014 010 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # 760992

1. Corporation Name

THE FORREST C. LATTNER FOUNDATION, INC.

605104 - 90001 - 1

Principal Place of Business	Mailing Address
777 E. ATLANTIC AVE., SUITE 317 DELRAY BCH. FL 33483	777 E. ATLANTIC AVE., SUITE 317 DELRAY BCH. FL 33483

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	12/09/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2147657 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HELSOM, FRANK E. % BESSEMER TRUST CO PALM BEACH FL 33480	81 Name: Jack Harris - Northern Trust Bank 82 Street Address (P.O. Box Number is Not Acceptable): 770 E. Atlantic Avenue 83 84 City: Delray Beach, FL 85 Zip Code: 33483

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] 8/4/99
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	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LLOYD, SUSAN L.		1.2 NAME	
STREET ADDRESS	8 BLUFF AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	WATCH HILL R.		1.4 CITY-ST-ZIP	
TITLE	DCS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CONNELLY, MARTHA L.		2.2 NAME	
STREET ADDRESS	320 N. TERRACE DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS		2.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, FORREST C.		3.2 NAME	
STREET ADDRESS	7777 FOREST LANE STE 528		3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS, TEXAS 75230		3.4 CITY-ST-ZIP	
TLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
ME			4.2 NAME	
REET ADDRESS			4.3 STREET ADDRESS	
Y-ST-ZIP			4.4 CITY-ST-ZIP	
E		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
E			5.2 NAME	
ET ADDRESS			5.3 STREET ADDRESS	
ST-ZIP			5.4 CITY-ST-ZIP	
		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
ADDRESS			6.2 NAME	
-ZIP			6.3 STREET ADDRESS	
			6.4 CITY-ST-ZIP	

CR2E037 (5/99)

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 dicated 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 ficer 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 lock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

NATURE: Martin SIGNATURE REQUIRED July 14, 1999 561-278-3781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #