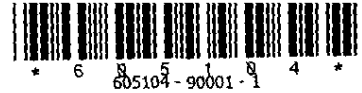


FILED
Jul 26, 1999 8:00 am
Secretary of State

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.		



Principal Place of Business 777 E. ATLANTIC AVE., SUITE 317 DELRAY BCH. FL 33483	Mailing Address 777 E. ATLANTIC AVE., SUITE 317 DELRAY BCH. FL 33483
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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	3. Date Incorporated or Qualified 12/09/1981 4. FEI Number 59-2147657 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent HELSOM, FRANK E. % BESSEMER TRUST CO PALM BEACH FL 33480	10. Name and Address of New Registered Agent 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
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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]* (NOTE: Registered Agent signature required when reinstating) DATE **8/4/99**

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	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

NATURE: *[Signature]* **MAINTAINED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 14, 1999 561-278-3781

Date

Daytime Phone #

CR2E037 (5/99)