**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $156 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $208)**

NONPROFIT CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
95 JUL 19 AM 10:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 766230 (7)

1. Corporation Name
**THE JANE AND STUART WATSON FOUNDATION, INC.**

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 4505 SHORE LANE<br>P.O. BOX 1483<br>BOCA GRANDE FL 33921 | 4505 SHORE LANE<br>P.O. BOX 1483<br>BOCA GRANDE FL 33921 |

3. Date Incorporated or Qualified: 12/21/1982
3a. Date of Last Report: 07/12/1994
4. FEI Number: 22-2479998 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number Is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PST | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | WATSON, JANE P. | 1.2 NAME | |
| STREET ADDRESS | 4505 SHORE LANE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA GRANDE FL | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | WATSON, JANE P. | 2.2 NAME | |
| STREET ADDRESS | 4505 SHORE LANE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA GRANDE FL | 2.4 CITY-ST-ZIP | |
| TITLE | VD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | WATSON, STUART D. | 3.2 NAME | |
| STREET ADDRESS | 4505 SHORE LANE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA GRANDE FL | 3.4 CITY-ST-ZIP | |
| TITLE | VD | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | NOUJAIM, BETH ELLEN | 4.2 NAME | |
| STREET ADDRESS | 3801 THORN APPLE ST. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHEVY CHASE MD | 4.4 CITY-ST-ZIP | |
| TITLE | VD | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | DECEW, SARAH ANN | 5.2 NAME | |
| STREET ADDRESS | 267 MAIN STREET | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW CANAAN CT | 5.4 CITY-ST-ZIP | |
| TITLE | VD | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | WATSON, STEPHEN HARVEY | 6.2 NAME | |
| STREET ADDRESS | 14219 GREENVIEW DR | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAUREL MD | 6.4 CITY-ST-ZIP | |

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

**SIGNATURE:** Stuart D. Watson 7/11/95 1-203-561-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STUART D. WATSON

0019373