## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT #

766230

(7)

THE JANE AND STUART WATSON FOUNDATION, INC.

Principal Place of Business Mailing Address						BRIC BIRRI DIDIR BIDIR DIDIR DEDIR BIDIC IRDI	
4505 SHORE LANE P.O. BOX 1483 BOCA GRANDE FL 33921		4505 SHORE LANE P.O. BOX 1483 BOCA GRANDE FL 33921					
					3. Date Incorporated or Qualified 12/21/1982	3a. Date of Last Report 07/19/1995	
Principal Place of Business     The Principal Place of Business     The Principal Place of Business		2a. Mailing Address 26			4. FEI Number 22-2479998	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip			Countr	У	This corporation has liability for intangible tax under s. 199.032,     Florida Statutes		
24	9. Name and Address of Current Registered Agent			Florida Statutes Yes No  10. Name and Address of New Registered Agent			
81 Name						to. Italia dia rasiose et iteli itagiotale rigelli	
CT CORPORATION SYSTEM							
	PINE ISLAND ROAD		8:	Street	: Address (P.O. Box Number is Not Acceptabl	e)	
PLANTA	TION FL 33324		8:	3			
			8-	City		FL 85 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							
· · · · · · · · · · · · · · · · · · ·				legistared Agent signature required when reinstaling)  13. ADDITIONS*CHANGES TO OF LICERS AND DIRECTORS IN 12			
TILLE	OFFICERS AND DIRECTORS  PST  DELETE		1.1 TITLE	• • • • • • • • • • • • • • • • • • • •		<del></del>	
NAME	WATSON, JANE P.		1.2 NAM				
STREET ADDRESS	ARAE CHADE LANE			Et address			
CITY-ST-ZIP	BOCA GRANDE FL		1.4 CHTY	·ST - ZIP			
TIFLE	D DELETE		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			3 1 TITLE			Change Addition	
NAME	ASOS CHOOSE LANE		3 2 NAMI				
STREET ADDRESS	DOCA ODANDE EL			3 STREET ADDRESS			
CITY-ST-ZIP TITLE	VO	37.		-ST-ZIP		Change Addition	
NAME	MOULEANS DETAILES FAI		4 1 TITLE 4 2 NAM			E change	
STREET ADDRESS	3801 THORN APPLE ST.			ET ADDRESS	110 WEST 39th St A	at 804	
CITY - ST - ZIP	CHEM CHACE NO		44 CHY		BALTIMORE, MD 21210		
TITLE	VD	DELETE	5 1 TITLE		$\mathcal{L}_{i}$	☐ Change ☐ Addition	
NAME	DECEW, SARAH ANN		52 NAMI	1	SARAH WATSON DE CEW		
STREET ADDRESS	267 MAIN STREET 53		53 STRE	ET ADDRESS			
CITY-ST-ZIP	NEW CANAAN CT		5.4 CITY	-ST-ZIP			
THTLE	VD DELETE		6 1 TITLE			☐ Change ☐ Addition	
NAME	WATSON, STEPHEN HARV	ÆY	6 2 NAME				
STREET ADDRESS	14219 GREENVIEW DR		63 STRE	ET ADDRESS			
CITY-ST-ZIP LAUREL MD			6.4 CITY				
I I I I I I I I I I I I I I I I I I I	w ceruw that the information suinole	ea wiru tuis tilloa is võluntarily filvi	nished and do	es not ou	alify for the exemption stated in Section 119 (	(1773) W Florida Statutee I further	

certify that the information indicated on this annual report or supplied with this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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. Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an anoddress.

SIGNATURE: \_

Sure W. Secen

SACAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

203-912-0177

Daytima Phone #

CR2F037 (12)