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Feb 13 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 766230 (7)

1. Corporation Name

THE JANE AND STUART WATSON FOUNDATION, INC.

Principal Place of Business

4505 SHORE LANE  
P.O. BOX 1483  
BOCA GRANDE FL 33921

Mailing Address

4505 SHORE LANE  
P.O. BOX 1483  
BOCA GRANDE FL 33921-1483



3. Date Incorporated or Qualified  
12/21/1982

3a. Date of Last Report  
02/12/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST  
NAME WATSON, JANE P.  
STREET ADDRESS 4505 SHORE LANE  
CITY-ST-ZIP BOCA GRANDE FL

☐ DELETE

TITLE D  
NAME WATSON, JANE P.  
STREET ADDRESS 4505 SHORE LANE  
CITY-ST-ZIP BOCA GRANDE FL

☐ DELETE

TITLE VD  
NAME WATSON, STUART D.  
STREET ADDRESS 4505 SHORE LANE  
CITY-ST-ZIP BOCA GRANDE FL

☒ DELETE

TITLE VD  
NAME NOUJAIM, BETH ELLEN  
STREET ADDRESS 110 WEST 39TH STREET APT 804  
CITY-ST-ZIP BALTIMORE MD

☐ DELETE

TITLE VD  
NAME DE CEW, SARAH WATSON  
STREET ADDRESS 267 MAIN STREET  
CITY-ST-ZIP NEW CANAAN CT

☐ DELETE

TITLE VD  
NAME WATSON, STEPHEN HARVEY  
STREET ADDRESS 14219 GREENVIEW DR  
CITY-ST-ZIP LAUREL MD

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Sarah W. DeCew [SARAH W. DE CEW] 2/4/97 (203) 972-0177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0057015

CR2E037 (9/96)