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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768234 (7)

1. Corporation Name
HANLEY-HAZELDEN FOUNDATION INC.



Principal Place of Business 5200 EAST AVENUE WEST PALM BEACH FL 33407-2374	Mailing Address 5200 EAST AVENUE WEST PALM BEACH FL 33407-2374
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3. Date Incorporated or Qualified
05/02/1983

4. FEI Number
59-2347305

Applied For	
Not Applicable	

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**PLANT, TIMOTHY D., EXECUTIVE DIRECTOR
HANLEY-HAZELDEN CENTER AT ST MARY'S
5200 EAST AVENUE
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

81. Name JERRY SINGLETON
82. Street Address (P.O. Box Number is Not Acceptable) HANLEY - HAZELDEN CENTER at ST. MARY'S
83. 5200 EAST AVENUE
84. City WEST PALM BEACH
85. State FL
86. Zip Code 33407

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 **JERRY SINGLETON** *Jerry Singleton* **3/26/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D	NAME HAMILTON, ANITA	STREET ADDRESS 330 COCONUT ROW APT 5C	CITY-ST-ZIP PALM BCH FL	<input type="checkbox"/> DELETE
TITLE TD	NAME CARP, MICHAEL T.	STREET ADDRESS 1497 FOREST HILL BLVD, STEG	CITY-ST-ZIP W PALM BCH FL	<input type="checkbox"/> DELETE
TITLE SD	NAME HANLEY, MARY JANE	STREET ADDRESS 600 ST ANNE'S LN	CITY-ST-ZIP VERO BCH FL	<input type="checkbox"/> DELETE
TITLE D	NAME ELHILOW, VINCE A.	STREET ADDRESS 218 DATURA ST	CITY-ST-ZIP WEST PALM BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE D	NAME AUGUST, JOAN	STREET ADDRESS 4702 S LAKE DR.	CITY-ST-ZIP BOYNTON BCH. FL	<input type="checkbox"/> DELETE
TITLE CD	NAME HANLEY, MICHAEL J	STREET ADDRESS 1355 PEACHTREE ST	CITY-ST-ZIP ATLANTA GA	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/D	1.2 NAME SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS ANITA HAMILTON	1.4 CITY-ST-ZIP 330 COCONUT ROW	
2.1 TITLE T/D	2.2 NAME TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS CARP, MICHAEL T.	2.4 CITY-ST-ZIP 1495 FOREST HILL BLVD., SUITE A	
3.1 TITLE D	3.2 NAME DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS MARY JANE HANLEY	3.4 CITY-ST-ZIP 600 ST. ANNE'S LANE	
4.1 TITLE V/D	4.2 NAME VICE CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.3 STREET ADDRESS DANIEL HANLEY	4.4 CITY-ST-ZIP 777 S. FLAGLER DR, SUITE 500 EAST	
5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
6.1 TITLE C/D	6.2 NAME CHAIRMAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS MICHAEL J. HANLEY	6.4 CITY-ST-ZIP 1355 PEACHTREE STREET	
		ATLANTA GA

14. 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.

SIGNATURE: *[Signature]* **3/26/98** **501-844-1666**

CR2E037 (10/97)