

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F04000001359

1. Entity Name

SCAIFE FAMILY FOUNDATION, INC.



Principal Place of Business

777 SOUTH FLAGLER DR., SUITE 903  
PHILLIPS POINT, WEST TOWER  
WEST PALM BEACH, FL 33401

Mailing Address

777 SOUTH FLAGLER DR., SUITE 903  
PHILLIPS POINT, WEST TOWER  
WEST PALM BEACH, FL 33401



01042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

25-1427015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CT  
NAME SCAIFE, JENNIE  
STREET ADDRESS 777 SOUTH FLAGLER DR., SUITE 903  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE PST  
NAME SLOAN, BARBARA  
STREET ADDRESS 777 SOUTH FLAGLER DR., SUITE 903  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE VT  
NAME GENTER, ELIZABETH  
STREET ADDRESS 777 SOUTH FLAGLER DR., SUITE 903  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE VT  
NAME WALTON, MARY  
STREET ADDRESS 777 SOUTH FLAGLER DR., SUITE 903  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Barbara M Sloan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/08

Daytime Phone #

561-659-1188

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IN THIS SPACE**

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01/15/08-90046-008 61.25