

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001359

FILED  
Jan 04, 2010  
Secretary of State

**Entity Name:** SCAIFE FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 25-1427015

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CT  
Name: SCAIFE, JENNIE  
Address: 777 SOUTH FLAGLER DR., SUITE 903  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PST  
Name: SLOAN, BARBARA  
Address: 777 SOUTH FLAGLER DR., SUITE 903  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VT  
Name: GENTER, ELIZABETH  
Address: 777 SOUTH FLAGLER DR., SUITE 903  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VT  
Name: WALTON, MARY  
Address: 777 SOUTH FLAGLER DR., SUITE 903  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA M. SLOAN

PST

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date