


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90041 035 \*\*\*\*61.25

|  |   |   |  |   |                                     |
|--|---|---|--|---|-------------------------------------|
| <b>DOCUMENT # F93000003459</b><br>1. Entity Name<br><b>THE PURCELL FAMILY FOUNDATION, INC.</b>   |   |   |  |    |                                     |
| Principal Place of Business<br><b>14155 U. S. HIGHWAY ONE<br/>STE. 310<br/>JUNO BEACH, FL 33408 US</b>   |   |   | Mailing Address<br><b>14155 U. S. HIGHWAY ONE<br/>STE. 310<br/>JUNO BEACH, FL 33408 US</b> |   |                                     |
| 2. Principal Place of Business - No P.O. Box #   |   |   | 3. Mailing Address   |   |                                     |
| Suite, Apt. #, etc.  |   |   | Suite, Apt. #, etc.  |   |                                     |
| City & State   |   |   | City & State   |   |                                     |
| Zip  |   | Country   |  | Zip   |                                     |
| Country  |   | Country   |  | 4. FEI Number<br><b>16-1425579</b>  |                                     |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |  | Applied For<br>Not Applicable   |                                     |
| 6. Name and Address of Current Registered Agent<br><b>PURCELL, JOHN R<br/>14155 U.S. HWY. ONE<br/>STE. 310<br/>JUNO BCH, FL 33408</b>  |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                     |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |  |   |                                     |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |                                     |
| Make check payable to<br><b>Florida Department of State</b>  |   |   |  |   |                                     |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                               |   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VTD<br/>PURCELL, SHERYL I<br/>14155 US HWY. ONE STE. 310<br/>JUNO BCH, FL 33408</b> <input type="checkbox"/> Delete    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>CDPS<br/>PURCELL, JOHN R<br/>14155 US HWY ONE STE 310<br/>JUNO BEACH, FL 33408</b> <input type="checkbox"/> Delete     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>GRONCZEWSKI, SANDY<br/>14155 US HWY ONE STE 310<br/>JUNO BEACH, FL 33408</b> <input type="checkbox"/> Delete     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S<br/>BEH, LAUREL<br/>14155 US HIGHWAY ONE STE. 310<br/>NORTH PALM BEACH, FL 33408</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| 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. |   |   |  |   |                                     |
| <b>SIGNATURE: <u>John R. Purcell</u></b>   |   |   |  |   |                                     |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   | Date <b>01/26/08</b>   |   | Daytime Phone # <b>561-622-2000</b> |