

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F93000004244 (0)**

1. Corporation Name

JEREMIAH FOUNDATION, INC.



Principal Place of Business

**110 N. RIVER DRIVE WEST
JUPITER FL 33458**

Mailing Address

**110 N. RIVER DRIVE WEST
JUPITER FL 33458**

3. Date Incorporated or Qualified

09/17/1993

3a. Date of Last Report

01/30/1995

4. FEI Number

05-0462855

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HARTNEY, MICHAEL T
110 N. RIVER DRIVE WEST
JUPITER FL 33458**

10. Name and Address of New Registered Agent

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

NAME

STREET ADDRESS

CITY - ST - ZIP

**DCP
HARTNEY, MICHAEL T
110 N. RIVER DR. WEST
JUPITER FL 33458**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DVC
HARTNEY, SHERYL J
110 N. RIVER DR. WEST
JUPITER FL 33458**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
MADEIRA, DAVID L
22 SALISBURY RD.
BARRINGTON RI 02806**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DT
WASHBURN, ROBERT E
59 BAGGYWRINKLE COVE
WARREN RI 02885**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
KINDER, RALPH M
157 ROCHAMBEAU AVE.
PROVIDENCE RI 02906**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VP
HARTNEY, SHERYL J
110 N. RIVER DR. WEST
JUPITER FL 33458**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

7/2/96

(401) 751-1500

CR2E037 (3/96)