


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33458-3763
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3. Date Incorporated or Qualified 09/17/1993	3a. Date of Last Report 07/08/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 05-0462855	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	DCP HARTNEY, MICHAEL T
STREET ADDRESS	110 N. RIVER DR. WEST
CITY - ST - ZIP	JUPITER FL 33458
TITLE	<input type="checkbox"/> DELETE
NAME	DVC HARTNEY, SHERYL J
STREET ADDRESS	110 N. RIVER DR. WEST
CITY - ST - ZIP	JUPITER FL 33458
TITLE	<input type="checkbox"/> DELETE
NAME	D MADEIRA, DAVID L
STREET ADDRESS	22 SALISBURY RD.
CITY - ST - ZIP	BARRINGTON RI 02806
TITLE	<input type="checkbox"/> DELETE
NAME	DT WASHBURN, ROBERT E
STREET ADDRESS	59 BAGGYWRINKLE COVE
CITY - ST - ZIP	WARREN RI 02885
TITLE	<input type="checkbox"/> DELETE
NAME	D KINDER, RALPH M
STREET ADDRESS	157 ROCHAMBEAU AVE.
CITY - ST - ZIP	PROVIDENCE RI 02906
TITLE	<input type="checkbox"/> DELETE
NAME	VP HARTNEY, SHERYL J
STREET ADDRESS	110 N. RIVER DR. WEST
CITY - ST - ZIP	JUPITER FL 33458

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:  1/21/97 (401) 751-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043554

CR2E037 (9/96)