

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000002553 (5)

1. Corporation Name

SPENCER, WHITE & PRENTIS FOUNDATION CORPORATION



Principal Place of Business

**6 COLLETTI LANE
SWANSEA MA 02777**

Mailing Address

**6 COLLETTI LANE
SWANSEA MA 02777**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**LARUE, BRIAN M
3747 QUAIL RIDGE DRIVE
BOYNTON BEACH FL 33436**

3. Date Incorporated or Qualified
05/17/1994

3a. Date of Last Report
06/20/1995

4. FEI Number
04-3184591

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

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of person printing name and address on this report

OR: Signature of Registered Agent required when not changing

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE

NAME
LARUE, BRIAN M
STREET ADDRESS
3747 QUAIL RIDGE DRIVE
CITY-STATE-ZIP
BOYNTON BEACH FL

11.2 TITLE ☐ DELETE

NAME
LARUE, BRIAN M
STREET ADDRESS
3747 QUAIL RIDGE DRIVE
CITY-STATE-ZIP
BOYNTON BEACH FL

11.3 TITLE ☐ DELETE

NAME
FLOYD, DREW
STREET ADDRESS
8 VINE STREET
CITY-STATE-ZIP
TAUNTON MA

11.4 TITLE ☐ DELETE

NAME
KLANG, JOHN
STREET ADDRESS
650 PEARSE STREET
CITY-STATE-ZIP
SWANSEA MA

11.5 TITLE ☐ DELETE

NAME
GREGORY, FRANK
STREET ADDRESS
30 W. CENTURY ROAD
CITY-STATE-ZIP
PARAMUS NJ

11.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME
13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-ZIP

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 607, 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

Brian LaRue

1/29/96

508-675-6511

Typed or Printed Name

CR2E034 (12/95)