

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000003386 (9)

1. Corporation Name

BARBARA ANNE DEBOER FOUNDATION, INC.



Principal Place of Business

2069 S. BUSSE ROAD
MT PROSPECT IL 60066

Mailing Address

2069 S. BUSSE ROAD
MT PROSPECT IL 60066

3. Date Incorporated or Qualified
06/28/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
36-3779733

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EMERSON, MICHAEL J
2131 W. SEWAHA ST.
TAMPA FL 33612

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD ☐ DELETE

NAME DEBOER, EDWARD
STREET ADDRESS 710 BROUGHAM
CITY-ST-ZIP OAK BROOK IL

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME FLANAGAN, MARTIN
STREET ADDRESS ON664 BEDFORD LANE
CITY-ST-ZIP WINFIELD IL

21 TITLE VD ☒ Change ☐ Addition

22 NAME Flanagan, Martin
23 STREET ADDRESS 27 W 200 Waterford
24 CITY-ST-ZIP Winfield, IL 60190

TITLE T ☐ DELETE

NAME PANG, DARREN
STREET ADDRESS 2101 S. BUSSE ROAD
CITY-ST-ZIP MT PROSPECT IL

31 TITLE D ☒ Change ☐ Addition

32 NAME Pang, Darren
33 STREET ADDRESS 1828 E. Indiana
34 CITY-ST-ZIP Wheaton, IL 60187

TITLE SD ☐ DELETE

NAME VAN BYSSUM, KENNETH
STREET ADDRESS 25710 ASHLEY DR
CITY-ST-ZIP GLEN ELLYN IL 60137

41 TITLE D ☐ Change ☒ Addition

42 NAME Rev. Jay Groat
43 STREET ADDRESS 124 N. Rock
44 CITY-ST-ZIP La Grange, IL 60525

TITLE TD ☐ DELETE

NAME VAN DYKE, JAMES
STREET ADDRESS 11N215 E. INDIAN
CITY-ST-ZIP WHEATON IL 60187

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME GROAT, JAY
STREET ADDRESS 116 BARRYPPOINT
CITY-ST-ZIP RIVERSIDE IL 60455

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James Van Dyke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96

Date

847-951-0091

Daytime Phone #

CR2E037 (12/95)