

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000005408 (6)

1. Corporation Name

MAN FOUNDATION, INC.

Principal Place of Business

Mailing Address

1 FRUITLEDGE RD
BROOKVILLE NY 11545

1 FRUITLEDGE RD
BROOKVILLE NY 11545

3. Date Incorporated or Qualified

10/14/1997

4. FEI Number

11-3283479

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, 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

10. Name and Address of New Registered Agent

SCHULZ, JOANNE
987 PARKSIDE CIRCLE N
BOCA RATON FL 33486

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME VON ZWEHL, NOREEN
STREET ADDRESS 1 FRUITLEDGE RD
CITY-ST-ZIP BROOKVILLE NY 11545

☐ DELETE

TITLE VC
NAME O'GORMAN, ANN
STREET ADDRESS 624 ROSEDALE RD
CITY-ST-ZIP PRINCETON NJ

☐ DELETE

TITLE D
NAME VON ZWEHL, JOANNE
STREET ADDRESS 70 S. 6TH ST
CITY-ST-ZIP LOCUST VALLEY NY 11560

☒ DELETE

TITLE D
NAME JOHNSON, JAMES
STREET ADDRESS 33 OLD FARM RD
CITY-ST-ZIP DARIEN CT 06820

☒ DELETE

TITLE S
NAME TORTOSO, CHARLENE
STREET ADDRESS 16 MANETTO RD
CITY-ST-ZIP FARMINGDALE NY 11745

☒ DELETE

TITLE T
NAME O'GORMAN, JOHN
STREET ADDRESS 624 ROSEDALE RD
CITY-ST-ZIP PRINCETON NJ

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

John V. Zuehl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/21/98 516-626-7730

CR2E037 (5/98)

FILED
Aug 27 1998 8:00am
Secretary of State

