

2-11-97 B 1722 C  
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Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00669** (4)

1. Corporation Name

**LEJEUNE FOUNDATION INC.**

Principal Place of Business

Mailing Address

**9715 S.W. 142 DRIVE  
MIAMI FL 33176-3741**

**9715 S.W. 142 DRIVE  
MIAMI FL 33176-6741**



3. Date Incorporated or Qualified  
**12/22/1983**

3a. Date of Last Report  
**01/29/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2382578**

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

**CORPORATION COMPANY OF MIAMI  
1500 EDWARD BALL BLDG.  
100 CHOPIN PLAZA, KK.  
MIAMI FL 33131**

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

**PD  
EBERST, ROBERT C.  
9715 SW 142 DR.  
MIAMI FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DS  
MEYER, HAROLD C.  
5926 SW 11ST ST.  
MIAMI FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D  
WARE, RHODA C.  
147 ALHAMBRA CIRCLE  
CORAL GABLES FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VD  
EBERST, ROBERT B.  
9715 S. W. 142 DRIVE  
MIAMI FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D  
COOPER, RAY  
701 S.W. 73 AVE.  
MIAMI FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D  
SWAIN, DORIS  
13780 KENDALE LAKES DR  
MIAMI FL**

☐ 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

**P m D**

☒ Change

☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

**D  
Meyer, Harold C.  
9400 S.W. 137th Ave., Room 2300  
Miami, FL 33186**

☒ 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

**6318 Jog Lane  
Delray Beach, FL 33484**

☒ Change

☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

**9301 S.W. 92nd Ave, Bldg A - Apt. 115  
Miami, FL 33176**

☒ Change

☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

**3708 Roswell Place  
Montgomery, AL**

☒ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Robert C. Eberst** Robert C Eberst 1/4/97 33176-3741

CR2E037 (9/96)

# LE JEUNE FOUNDATION, INC.

## BOARD OF DIRECTORS

ROBERT C. EBERST PRES./CEO  
ROBERT B. EBERST V.P/EX. DIR..  
JANET A. EBERST SEC.  
DAWN A. LUCAS TREAS.  
HAROLD C. MEYER DIR.  
RAY W. COOPER DIR.  
DORIS SWAIN DIR.  
RHODA WARE DIR.

9715 S.W. 142 DRIVE  
MIAMI, FLORIDA 33176  
OFFICE (305) 255-1363  
FAX (305) 252-7868

## ADDITIONAL OFFICERS

TITLE: SD  
NAME: EBERST, JANET A.  
STREET: 9715 S.W. 142ND DRIVE  
CITY: MIAMI  
STATE: FLORIDA  
ZIP: 33176

TITLE: TD  
NAME: LUCAS, DAWN A.  
STREET: 39 CLUB FOREST LANE  
CITY: GREENVILLE  
STATE: S.C.  
ZIP: 29605