

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N09100 (1)**

1. Corporation Name

**THE HOLT FAMILY FOUNDATION OF FLORIDA, INC.**



Principal Place of Business

Mailing Address

**44 COCOANUT ROW  
T-12  
PALM BEACH FL 33480  
US**

**44 COCOANUT ROW  
T-12  
PALM BEACH FL 33480  
US**

3. Date Incorporated or Qualified  
**05/06/1985**

3a. Date of Last Report  
**02/15/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-6785951**

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23

City & State

28

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

24

Zip

Country

29

Zip

Country

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

**CHARLES C. HOLT  
320 ISLAND ROAD  
PALM BEACH FL 33480**

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOLT, CHARLES C III</b>	
STREET ADDRESS	<b>320 ISLAND RD</b>	
CITY-ST-ZIP	<b>PALM BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOLT, DIANA BLABON</b>	
STREET ADDRESS	<b>320 ISLAND RD</b>	
CITY-ST-ZIP	<b>PALM BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOLT, LILY BUSCH MAGNUS</b>	
STREET ADDRESS	<b>310 ISLAND RD.</b>	
CITY-ST-ZIP	<b>PALM BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MERRILEE POWELL HOLT</b>	
STREET ADDRESS	<b>320 ISLAND RD</b>	
CITY-ST-ZIP	<b>PALM BEACH, FL 33480</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-96**

Date

Daytime Phone #

CR2E037 (12/95)