

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006001

FILED  
Jul 16, 2012  
Secretary of State

Entity Name: THE CARYL LOUISE BOIES MEMORIAL FOUNDATION, INC.

**Current Principal Place of Business:**

801 N RIO VISTA BLVD  
FT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**  
801 N RIO VISTA BLVD  
FT LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 30-0692504      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MANISCALCO, CARYL  
801 N RIO VISTA BLVD  
FT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MANISCALCO, CARYL  
Address: 801 N RIO VISTA BLVD  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: D  
Name: MILLER, BARBARA  
Address: 442 POINCIANA DR  
City-St-Zip: HALLANDALE, FL 33009

Title: D  
Name: MCCAWLEY, SIGRID  
Address: 1331 PONCE DE LEON DR  
City-St-Zip: FT LAUDERDALE, FL 33316

Title: D  
Name: TOOTHAKER, STEPHANIE  
Address: 901 PONCE DE LEON DR  
City-St-Zip: FT LAUDERDALE, FL 33316

Title: D  
Name: BOIES, DAVID III  
Address: 11340 LAFFERTY LANE  
City-St-Zip: FAIRFAX, VA 22030

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SIGRID MCCAWLEY

D

07/16/2012

Electronic Signature of Signing Officer or Director

Date