

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$345)**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 AM 9:26

DOCUMENT # N18519

(1)

1. Corporation Name

H.A. PERRY FOUNDATION, INC.

Principal Place of Business

Mailing Address

1001 U.S. HIGHWAY ONE
800
JUPITER FL 33477
US

1001 U.S. HIGHWAY ONE
800
JUPITER FL 33477
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2780096

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**FILING FEE IS
\$61.25**

8. This corporation has liability for franchise tax under s. 100.022,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEISEL, DAVID S
777 SO FLAGLER DR WEST TOWER
SUITE 1113 PHILLIPS POINT
WEST PALM BEACH FL 33477

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	TP
NAME	PERRY, HENRY A.
STREET ADDRESS	1001 US HIGHWAY 1 SUITE 800
CITY - ST - ZIP	JUPITER FL
TITLE	T
NAME	MCCOMAS, MICHAEL
STREET ADDRESS	840-B 12TH AVENUE, SOUTH
CITY - ST - ZIP	NAPLES FL
TITLE	VP
NAME	CRAWFORD, BRUCE M.
STREET ADDRESS	11487 RIVERWOOD PLACE, TWELVE OAKS
CITY - ST - ZIP	N PALM BCH. FL
TITLE	ST
NAME	PERRY, ELLEN M.
STREET ADDRESS	1001 US HIGHWAY 1 SUITE 800
CITY - ST - ZIP	JUPITER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
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 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE:

Henry A. Perry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/95

(Signature) (Name)

CR2E037 (3/95)