

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90140 014 ****61.25

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DOCUMENT # N23846

1. Corporation Name

**WITHERNSEA LIGHTHOUSE TRUST (KAY KENDALL MEMORIA
L), INC.**

Principal Place of Business

C/O STUART J HAFT
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480
US

Mailing Address

C/O STUART J HAFT
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480
US



2. Principal Place of Business

21 8965 S.E. Bridge Rd.

2a. Mailing Address

26 c/o Stuart J. Haft

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 202

27 P.O. Box 431

City & State

City & State

23 Hobe Sound, FL

28 Palm Beach, FL

Zip Country

Zip Country

24 33455

25 USA

29 33480

30 USA

3. Date Incorporated or Qualified

11/17/1987

4. FEI Number

65-0012502

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

9. Name and Address of Current Registered Agent

**STUART J HAFT
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

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	D	<input type="checkbox"/> DELETE
NAME	CAMPBELL, ROLLA D. JR.	
STREET ADDRESS	257 DUNBAR RD	
CITY-ST-ZIP	PALM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMPBELL, KIM KENDALL	
STREET ADDRESS	257 DUNBAR RD	
CITY-ST-ZIP	PALM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, CATH (MRS)	
STREET ADDRESS	240 QUEEN STREET	
CITY-ST-ZIP	ENGLAND HU 2NX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DREWERY, PETER	
STREET ADDRESS	6 LEE AVE.	
CITY-ST-ZIP	WITHERUSEA EN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STANDLEY, JANET	
STREET ADDRESS	4 S. VIEW	
CITY-ST-ZIP	WITHERNSEA EN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DREWERY, JAMES	
STREET ADDRESS	23 LASCELLES	
CITY-ST-ZIP	WITHERNSEA EN	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D / P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CAMPBELL, ROLLA D. JR.	
1.3 STREET ADDRESS	106 GOMEZ ROAD	
1.4 CITY-ST-ZIP	HOBE SOUND, FL 33455	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CAMPBELL, KIM KENDALL	
2.3 STREET ADDRESS	106 GOMEZ ROAD	
2.4 CITY-ST-ZIP	HOBE SOUND, FL 33455	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STEPHEN PHILLIPS	
3.3 STREET ADDRESS	3 LEA AVENUE DRIVE	
3.4 CITY-ST-ZIP	WITHERNSEA EN HU. 19 2HS	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DREWERY, PETER	
4.3 STREET ADDRESS	C/O CATH JONES / 240 QUEEN STREET	
4.4 CITY-ST-ZIP	ENGLAND HU 2NX	
5.1 TITLE	D/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STANDLEY, JANET	
5.3 STREET ADDRESS	4 S. VIEW	
5.4 CITY-ST-ZIP	WITHERNSEA, ENGLAND	
6.1 TITLE	D/VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DREWERY, JAMES	
6.3 STREET ADDRESS	23 LASCELLES	
6.4 CITY-ST-ZIP	WITHERNSEA, ENGLAND	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)