

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **N26668** ✓

1. Corporation Name

THE BUTLER FOUNDATION, INC.

Principal Place of Business

550 PARK AVE.
10W
NEW YORK NY 10021

Mailing Address

550 PARK AVE.
10W
NEW YORK NY 10021

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

EMMANUEL, PATRICK G MR
EMMANUEL, SHEPPARD, & CONDON
30 SOUTH SPRING ST.
PENSACOLA FL 32506

3. Date Incorporated or Qualified

05/31/1988

4. FEI Number

59-2898825

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

BUTLER, W. JACK

STREET ADDRESS

550 PARK AVE., 10W

CITY-ST-ZIP

NEW YORK NY 10021

TITLE

D

☐ DELETE

NAME

BUTLER, PATRICIA FLEMING

STREET ADDRESS

550 PARK AVE., 10W

CITY-ST-ZIP

NEW YORK NY 10021

TITLE

D

☐ DELETE

NAME

BUTLER, PETER FLEMING

STREET ADDRESS

825 BAYSHORE DR.

CITY-ST-ZIP

PENSACOLA FL 32507

TITLE

D

☐ DELETE

NAME

BUTLER, CHRISTOPHER

STREET ADDRESS

550 PARK AVE., 10W

CITY-ST-ZIP

NEW YORK NY 10021

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

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

Daytime Phone #

FILED

98 JUL 30 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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