## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N26694

(2)

DOCUMENT # CHRISTOPHER D. AND ELKA P. NORTON FOUNDATION FOR THE ARTS, INC.

							i iggalla laig alla falla dilla laika l		// <b>4/19</b> // <b>0/19</b> // 0	
Principal Place of Business Mailing Address										
11080 SE DIXIE HWY HOBE SOUND FL 33455  11080 SE DIXIE HWY HOBE SOUND FL 33455										
							3. Date Incorporated or Qualified 05/31/1988		ite of Last F <b>05/01/1</b> 9	
2. Principal Pla	ace of Business	2a. Mailing Ac	Idress				4. FEI Number			pplied For
21		26					65-0063756			lot Applicable
Suite, Apt. #	⊭, etc.	Suite, Apt	. #, etc.				5. Certificate of Status Desired	×		Additional Required
City & State		City & Sta	te				6. Election Campaign Financing			May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zip		ountry		-	8. This corporation has liability for in	ntangible ta	ıx under s.	199.032,
24	25	29	30				Fiorida Statutes L.  10. Name and Address of New Re	Yes 🔼		
	9. Name and Address of	f Current Registered Age	nt	81	Name		10. Name and Address of New N	gistered	Agent	
				6'						
CONWAY, NORMA C.				82	Stree	Address	s (P.O. Box Number is Not Acceptable	<b>e</b> )		
9 BAMBOO LANE				83						
JUPITER	FL 33458			63						
				64	City			FL	85 Zip	Code
							as submits this statement for the num		enging its re	egistered office
				ne coub	oration	s board	on submits this statement for the purp of directors. I hereby accept the appo	pintment as	registered	agent. I am
familiar wi	th, and accept the obligations	of, Section 617.0503, Flori	da Statutes.							
SIGNATURE .			A COVE DU STATE	,	t sixont so	ran irad w	han manetalized	DATE		
Signature, typed to printed harrie or registered agost to a					pistered Agent signature required when renstating) DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12.	D			1 TITLE		DP			Change	☐ Addition
NAME	NORTON, ELKA P.			2 NAME			HAM, VICTOR K.	,	Λ.	
'	18444 SE HERITAGE	DRIVE			ADDRESS		11 TIFFANY WAY	SE		
STREET ADDRESS	TEQUESTA FL	52		4 CITY-S			DUESTA, FL 33469			
CITY-ST-ZIP	DVP			1 TITLE		115	CODDIA, III JOHON		☐ Change	☐ Addition
NAME	SCHRECENGOST, FA	YE	2	2 NAME						
STREET ADDRESS	9975 169TH COURT	<del></del>	2	.3 STREE	T ADDRESS	3				
CITY-ST-ZIP	JUPITER FL			. 4 CITY-						
TITLE	DC			1 TITLE		T			Change	□ Addition
NAME	DENNING, ROBERT A		3	2 NAME						
STREET ADDRESS	11080 SE DIXIE HWY		3	3 STREE	T ADDRES	s				
CITY-ST-ZIP	HOBE SOUND FL		3	.4. CITY-	ST-ZIP	Ш_				
TITLE	D		DELETE	I.1 TITLE					☐ Change	Addition
NAME	CONWAY, NORMA C.		4	I. 2 NAME						
STREET ADDRESS	9 BAMBOO LANE		] (	I.3 STREE	t addres	s				
CITY-ST-ZIP	JUPITER FL			4 CITY-	ST-ZIP					
TITLE	D	<u> </u>	DELETE	.1 TITLE					Change	☐ Addition

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 cath; 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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

**SIGNATURE:** 

7F 72 BOX 954

**EELEWORKIT ME** 

APPROPRIATE MATERIES

38 YAWWAY SE

TECOUESTA TE SONOOX

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

April 23, 1996 (407) 746-7697

Addition

Change