FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 18 1997 8:00am

		JAL REP 1997	OR1			Secretary of State DIVISION OF CORPORATIONS				Secret	ary	01 5	tate
[OCUI	MENT n Name	#	N2960	O	(6)							
WYNCOTE FOUNDATION, INC.													
Principal Place of Business Mailing Address											00 	in in Militari e i e i e	
300 COURTHOUSE PLAZA 300 COURTHOUSE PLAZA 18 WEST AIRY STREET 18 WEST AIRY STREET						A							
N	NORRISTOWN PA 19401				NOR	NORRISTOWN PA 19401-4717			Date Incorporated or Qualified	3a. Da	ite of Last R	enort 1	
U					US					12/07/1988		03/05/19	96
\vdash	Principal Pi	lace of Busi	ness		2a. M	ailing Address				4. FEI Number 65-0087209		▶ ——	plied For t Applicable
21		ite, Apt. #, etc.				Suite, Apt. #, etc.			Certificate of Status Desired		\$8.75	Additional	
22	City & State					City & State						Fee Re	··
23	City & State	2		28	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t			
	Z ip		<u> </u>	ountry	7	р	Cou	ntry	····	8. This corporation has liability for			199.032,
24		9. Name	25 and /	Address of Current	29 Register	ed Agent	30			Florida Statutes 10. Name and Address of New F	Yes		
						<u>_</u>		81 Nar	ne				
	HANKINS, JAMES M. 700 SOUTH FEDERAL HIGHWAY SUITE 200								et Addre	ess (P.O. Box Number is Not Accept	able)		
BOCA RATON FL 33432								83				1221 -	<u></u>
								84 City			FL	85 Zip (
11. Pursuant to the provisions of Sections 617.0502 and 617.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of cloffice 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 appoir agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.												changing it ointment as	s registered registered
_		m familiar wi	ith, an	d accept the obligat	ions of, S	ection 617.0503, Fi	lorida Stat	ites.	·	·			
SI	IGNATURE _	Signature, typed	or print	od name of registered agent	and the fla	přícable (NO	Tt Hegistered	Agent signa	alure require	ed when reinstating)	DATE		
12	Z.	DP		OFFICERS AND	DIRECTO	DRS DELETE	13. 11.10			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR Change	S IN 12 Addition
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l	AME .	KOFSK	Y. Cł	IARLES			3 2 NA						
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CI	TY-ST-ZIP						6.4 01	Y - S1 - 7IP		In Section 110.07(9)() Elevido Statu	an I forther		

I do 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 eath; 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.