

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N33369** (2)

1. Corporation Name

**THE SAINT LUCIA ISLAND FOUNDATION, INC.**



|                                                                                                   |                                                                                     |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>409 NE 28TH STREET<br/>FORT LAUDERDALE FL 33334-2033<br/>US</b> | Mailing Address<br><b>409 NE 28TH STREET<br/>FT LAUDERDALE FL 33334-2033<br/>US</b> |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

3. Date Incorporated or Qualified

**07/24/1989**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

|                                                                                                                                 |                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip<br><b>29</b> Country |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KENDRICK, DENNIS P.  
9500 W. BAY HARBOR DR., 4-A  
MIAMI FL 33154**

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                      | <b>PD</b>                         | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KENDRICK, DENNIS P.</b>        | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>9500 W. BAY HARBOR DR 4A</b>   | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                   | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>TD</b>                         | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MCMANUS, F. SHIELDS</b>        | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>3716 SW BRASSIE WAY</b>        | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>PALM CITY FL</b>               | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>CD</b>                         | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FELIX, KELVIN</b>              | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>ARCHDIOCESE OF CASTRIES</b>    | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>ST LUCIA, W. INDIES</b>        | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>VPD</b>                        | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JOHN, EMILY, PH.D</b>          | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>1000 NORTHEAST 73RD STREET</b> | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                   | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                                   | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                   | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                   | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                                   | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                   | 6.4 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.

SIGNATURE: **Dennis P. Kendrick** (Signature of Registered Agent)

CR2E037 (10/97)