

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 OCT 22 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N34945

(8)

1. Corporation Name

THE MARY JOANNE RAND, MORRIS M. RAND AND MICHAEL
ANTHONY RAND MEMORIAL CHARITABLE FOUNDATION, IN

Principal Place of Business

Mailing Address

~~534 BONTONA AVE~~ 11 GRAYSTONE WAY
FT. LAUDERDALE FL 33301
SOUTH BORO,
MA 01772

~~534 BONTONA AVE~~
FT. LAUDERDALE FL 33301
SAME

3. Date Incorporated or Qualified

10/30/1989

4. FEI Number

65-0183241

Applied For

Not Applicable

2. Principal Place of Business

21 11 GRAYSTONE WAY
Suite, Apt. #, etc.

2a. Mailing Address

26 11 GRAYSTONE WAY
Suite, Apt. #, etc.

22

27

City & State

23 Southboro, MA

City & State

28 Southboro, MA

Zip

24 01772

Country

25 USA

Zip

29 01772

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAND, MORRIS M /O KATHRYN M. COOK
~~534 BONTONA AVE~~ 11 GRAYSTONE WAY
FT. LAUDERDALE FL 33301
SOUTH BORO, MA
22 to S.W. 70th AVE.
DAVIS FL 33317
01772

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 ☐ DELETE

NAME RAND, MORRIS M
STREET ADDRESS 534 BONTONA AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE D ☐ DELETE

NAME DUFFY, GEORGE FR
STREET ADDRESS PIUS X CHURCH, RTE A1A
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE D ☐ DELETE

NAME COOK, KATHY
STREET ADDRESS 8 DAVIS ROAD 11 GRAYSTONE WAY
CITY-ST-ZIP SOUTH BORO MA 01772 South Boro, MA 01772

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/98

Date

(508) 26-9388

Daytime Phone #

CR2E037 (5/98)