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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38819** (1)

1. Corporation Name

EDMOND J. AND JEAN SPENCE FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O JEAN SPENCE
1220 N. OCEAN BLVD.
GULF STREAM FL 33483

JEAN SPENCE
1220 N. OCEAN BLVD.
GULF STREAM FL 33483-7232

3. Date Incorporated or Qualified

06/25/1990

4. FEI Number

65-0201974

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 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

10. Name and Address of New Registered Agent

CORRELL, DALE J. E.A.
900 NORTH FEDERAL HIGHWAY
SUITE 320
BOCA RATON FL 33432

81 Name

Regina W. Spence

82 Street Address (P.O. Box Number is Not Acceptable)

1220 North Ocean Boulevard

83

84 City **Gulf Stream**

FL

85 Zip Code
33483

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

Regina W. Spence

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SPENCE, REGINA W.**
STREET ADDRESS **1220 N OCEAN BLVD.**
CITY-ST-ZIP **GULF STREAM FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SLATTERY, CAROL**
STREET ADDRESS **1220 N OCEAN BLVD.**
CITY-ST-ZIP **GULF STREAM FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CORRELL, DALE J.**
STREET ADDRESS **900 N FEDERAL HWY,S-420**
CITY-ST-ZIP **BOCA RATON FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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)(l), 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:

Regina W. Spence

1/13/98

561-276-3958

CR2E037 (10/97)