

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90013 017 \*\*\*\*61.25

DOCUMENT # N40350

1. Corporation Name

~~THE COUNT AND~~ COUNTESS DE HOERNLE FOUNDATION, IN  
C.

Principal Place of Business

C/O ADOLPH W. & HENRIETTA HOERNLE  
6055 S. VERDE TRAIL #H-320  
BOCA RATON FL 33433

Mailing Address

C/O ADOLPH W. & HENRIETTA HOERNLE  
6055 S. VERDE TRAIL #H-320  
BOCA RATON FL 33433



2. Principal Place of Business

21 6055 S. Verde Trail

Suite, Apt. #, etc.

22 H-320

City & State

23 Boca Raton, Fla

Zip

24 33433

Country

25 FLA USA

2a. Mailing Address

26 6055 S. VERDE TRAIL

Suite, Apt. #, etc.

27 H-320

City & State

28 BOCA RATON, FLA

Zip

29

Country

30 FLA USA

3. Date Incorporated or Qualified

10/11/1990

4. FEI Number

65-0221652

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

STEVENI GREENWARD  
6791 N.FEDERAL HWY SUITE 105  
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

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 DP  
NAME HOERNLE, ADOLPH W.  
STREET ADDRESS 6055 S. VERDE TR #H-320  
CITY-ST-ZIP BOCA RATON FL

☒ DELETE

TITLE DVP  
NAME HOERNLE, HENRIETTA  
STREET ADDRESS 6055 S. VERDE TR #H-320  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE D  
NAME DE HOERNLE, HENRIETTA  
STREET ADDRESS 6055 S. VERDE TR #H-320  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE D  
NAME OUSSANI, JAMES J.  
STREET ADDRESS 875 E. CAMINO RAOD  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE ST  
NAME HOERNLE, HENRIETTA  
STREET ADDRESS 6055 S. VERDE TR #H-320  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)