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Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41415 (3)

1. Corporation Name

THE HELEN ECCLESTONE STONE CHARITABLE FOUNDATION
, INC.

Principal Place of Business

1 JOHN'S ISLAND DRIVE
VERO BEACH FL 32963

Mailing Address

1 JOHN'S ISLAND DRIVE
VERO BEACH FL 32963-32343. Date Incorporated or Qualified
12/26/19903a. Date of Last Report
03/18/1996

2. Principal Place of Business

21 3300 PGA Blvd.

Suite, Apt. #, etc.

22 Suite 805

City & State

23 W. Palm Beach, FL

Zip

Country

24 33410

25

USA

2a. Mailing Address

26 3300 PGA Blvd.

Suite, Apt. #, etc.

27 Suite 805

City & State

28 W. Palm Beach, FL

Zip

Country

29 33410

30

USA

4. FEI Number

59-3041774

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BAHL, HELEN ECCLESTONE
1 JOHN'S ISLAND DRIVE
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name

Stone, Helen Ecclestone

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

3300 PGA Blvd., Suite 805

83

84 City

W. Palm Beach

FL

85

Zip Code
33410

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

Helen E. Stone

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STONE, HELEN E	
STREET ADDRESS	1 JOHN'S ISLAND DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BIGGS, MARGARET S	
STREET ADDRESS	1 JOHN'S ISLAND DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REYNOLDS, SHEILA BIGGS	
STREET ADDRESS	1 JOHN'S ISLAND DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	REYNOLDS, SHEILA B	
STREET ADDRESS	1 JOHN'S ISLAND DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stone, Helen E.	
1.3 STREET ADDRESS	3300 PGA Blvd., Suite 805	
1.4 CITY-ST-ZIP	W. Palm Beach, FL 33410	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Shaffer, Margaret Biggs	
2.3 STREET ADDRESS	3300 PGA Blvd., Suite 805	
2.4 CITY-ST-ZIP	W. Palm Beach, FL 33410	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Reynolds, Sheila Biggs	
3.3 STREET ADDRESS	3300 PGA Blvd., Suite 805	
3.4 CITY-ST-ZIP	W. Palm Beach, FL 33410	
4.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Reynolds, Sheila B.	
4.3 STREET ADDRESS	3300 PGA Blvd., Suite 805	
4.4 CITY-ST-ZIP	W. Palm Beach, FL 33410	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:

Helen E. Stone

4-9-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0020847

CR2E037 (9/96)