## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 04 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

SIGNATURE:

DOCUMENT # N51362

(4)

Mailing Address

THE JOHN M. REGAN, JR AND PRUDENCE S. REGAN FOUN DATION, INC.

C/O CHAPIN & ARMSTRONG 1201 GEORGE BUSH BLYD. DELRAY BEACH FL 33483 US		C/O CHAPIN & ARMSTRONG 1201 GEORGE BUSH BLVD. DELRAY BEACH FL 33483-7289 US				3. Date Incorporated or Qualified 3a. Date of Last Report 01/29/1996
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0374592 Not Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.				SS 75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & Sta	ate	City & State				Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	_ Co	untry		8. This corporation has liability for intangible tax under s. 199.032,
24	25		Ю	<b></b>		Florida Statutes
	9. Name and Address of Currer	it Registered Agent		-		10. Name and Address of New Registered Agent
				81	Name	Ð
CHAPIN, ROBERT D.				82	Street	t Address (P.O. Box Number is Not Acceptable)
	EORGE BUSH BLVD.					
DELRA	Y BEACH FL 33483			63		
				84	City	85 Zip Code
				1 1	•	<b>FL</b>   "   '
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 punted name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
12.		D DIRECTORS	13.		rit akgriature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	I D	DELETE	-	TITLE		Change Addition
NAME	REGAN, PRUDENCE S.			NAME		- Common
STREET ADDRESS	4747 N 605 N 6116				ADDRESS	·
CITY - ST - ZIP	OCEAN RIDGE FL			CITY-S		
TITLE	D	☐ DELETE	_	TITLE	1-24	Change Addition
NAME	REGAN, JOHN M., JR.	the state of		NAME		Em Straige Control
STREET ADDRESS	4747 11 44711 11111				ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL			CITY-5		' }
TITLE				TITLE	11-ZIP	☐ Change ☐ Addition
NAME	EDWARDS, DEBORAH REGAI			NAME		
STREET ADDRESS	40 14000000 1100	•			ADDRESS	
	HARTSDALE NY					
CITY-ST-ZIP TITLE	TAITIOUSEE III	☐ DELETE		CITY-S	01+ZIP	☐ Change ☐ Addition
NAME		C. Descri		NAME		- Singly - Addition
STREET ADDRESS	1				ADDRESS	
	<b>'  </b>					
CITY-ST-ZIP TITLE		☐ DELETE		CITY-S TITLE	I-ZIP	Change Addition
NAME		E PETE		NAME		LJ Change LJ Addition
STREET ADDRESS					ADDRESS	
	<b>'</b>					
CITY-ST-ZIP TITLE	<b>+</b>	☐ DELETE	-	CITY-S	1 - ZIP	☐ Change ☐ Addition
				TITLE		Custings — Addition
NAME STOCET ADDRESS				NAME	4 D D D D D D D	
STREET ADDRESS	1				ADDRESS	
CITY-ST-ZIP	I eby certify that the information supplie	d with this filing does not qualify	for the	CITY-S	mntion s	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.						