NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51362

1. Corporation Name

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

Principal Place of Business
C/O CHAPIN & ARMSTRONG
1201 GEORGE BUSH BLVD.
DELRAY BEACH FL 33483
110

Mailing Address

C/O CHAPIN & ARMSTRONG 1201 GEORGE BUSH BLVD. DELRAY BEACH FL 33483

FILED Feb 18, 1999 8:00 am Secretary of State

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US		US) (4011/15) 421 ALIAY (1800) YAYA 41116 HAL AYAN) ALAN SIAN SIAN SIAN SIAN SIAN SIAN SIAN			
2. Principal f	Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 10/20/1992				
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			4. FEI Number	L	Applied For	
22		27			65-0374592		Not Applicable	
City & Sta	ite	City & State			5. Certificate of Status Desired	,	5 Additional Required	
Zip	Country 25	Zip 29 3	Country	·	6. Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees	
	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Regist	tered Agent		
			81	Name				
CHAPIN, ROBERT D.				Street Add	Address (P.O. Box Number is Not Acceptable)			
	orge Bush Blvd. Beach fl 33483		83					
טכנואו	DEMON FL 33403		<u> </u>	C'5-		lari	7in Codo	
			84	City	•	FL 85 2	Zip Code	
11. Pursuant	t to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	, the abov	e-named corp	poration submits this statement for the purpo	se of changing	g its registered	
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	or Florida. Such change was autitions of, Section 617.0503, Florid	norized by la Statutes	tne corporate i.	on's board of directors. I hereby accept the	abbounieur a	s registereu	
SIGNATURE								
	Signature, typed or printed name of registered age			nt signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICER	NE AND DIDE	CTOPS IN 12	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	Char		
TITLE	D DECAN PRINCES	€ bereie	1.1 TITLE				- T Vadigori	
NAME	REGAN, PRUDENCE S.		1.2 NAME	T 4000000	*	,		
STREET ADDRESS	1			TADORESS				
CITY-ST-ZIP	OCEAN RIDGE FL	□ DELETE	1.4 CITY-S 2.1 TITLE	1- ZIP		Char	nge Addition	
NAME	REGAN, JOHN M., JR.		2.1 MAME				_	
STREET ADDRESS				TADDRESS	;		-	
CITY-ST-ZIP	OCEAN RIDGE FL		2.4 CITY-5					
TITLE	D OCEAN RIDGE I E	☐ DELETE	3.1 TITLE	-	7 <u>- 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 </u>	Char	nge Addition	
NAME	EDWARDS, DEBORAH REGAN	_	3.2 NAME			•		
STREET ADORESS				TADORESS				
C/TY-ST-ZIP	HARTSDALE NY		3.4. CITY-5					
TITLE	D	☐ DELETE	4.1 TITLE			☐ Char	nge 🔲 Addition	
NAME	HALLARMAN, PRUDENCE R.		4. 2 NAME		•	•	•	
STREET ADDRESS	1		4.3 STREE	TADORESS				
CITY-ST-ZIP	LINCOLNSHIRE IL 60069		4.4 CITY-S	T- ZIP		···		
TITLE		☐ DELETE	5.1 TITLE			☐ Char	nge	
NAME			5.2 NAME		•			
STREET ADDRESS	6			TADORESS				
CITY-\$T-ZIP	4.14.14.11		5.4 CITY-S	T-ZIP				
TITLE		DELETE	6.1 TITLE			` ☐ Char	nge Addition	
NAME			6.2 NAME					
STREET ADDRESS				TADDRESS				
CITY OT 710	1		64 CITY-S	T-71P				

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:

VSIGNATURE REQUIRED

M. REGAIN

161-732-364-7

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