## FILED

## Jan 23, 2003 8:00 am **Secretary of State**

01-23-2003 90053 019 \*\*\*\*61.25

**30008373** 

## DOCUMENT # **N92000000285**

331 SE 9TH LANE

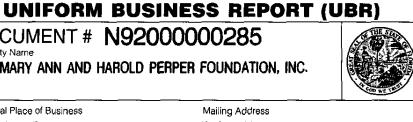
Principal Place of Business

THE MARY ANN AND HAROLD PERPER FOUNDATION, INC.

2003 NOT-FOR-PROFIT CORPORATION

Mailing Address

331 SE 9TH LANE



**BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business
331 5, E, 974 LANK 3. Mailing Address 331 S.E. PIH LANE ☐ CHECK HERE IF MAKING CHANGES City & State BOLA RATON City & State Applied For 4. FEI Number 65-0370994 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent --PERPER, HAROLD E Street Address (P.O. Box Number is Not Acceptable) 331 SE 9TH LANE **BOCA RATON FL 33432** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE ☐ Addition PERPER. HAROLD E NAME NAME STREET ADDRESS 331 SE 9TH LANE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition RAFFERTY, CATHERINE, M NAME NAME 4400 48TH ST NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ... WASHINGTON-DC-20016 CITY-ST-ZIP Delete ☐ Change Addition TITLE PERPER, MARY A NAME NAME STREET ADDRESS 331 SE 9TH LANE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Delete

☐ Delete

.,••

561 368 9101

☐ Change

Change

☐ Change

☐ Addition

☐ Addition

☐ Addition