

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:38

DOCUMENT # N93000003492 (6)

1. Corporation Name

PALM GLADES FOUNDATION, INC.

Principal Place of Business

2728 LAKE WORTH RD.
LAKE WORTH FL 33461
US

Mailing Address

2728 LAKE WORTH RD
LAKE WORTH FL 33461
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1993

3a. Date of Last Report

04/07/1994

4. FEI Number

65-0450610

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

HENRY, THORNTON M
505 S. FLAGLER DR.
SUITE 1100
WEST PALM BEACH FL 33461

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 607.0502 and 607.1508, 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 607.0505, 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	T
NAME	DOANE, REBECCA G
STREET ADDRESS	505 S. FLAGLER DR., SUITE 1100
CITY- ST- ZIP	WEST PALM BEACH FL
TITLE	T
NAME	KISSEL, GREGORY M
STREET ADDRESS	19060 TALON WAY
CITY- ST- ZIP	JUPITER FL
TITLE	T
NAME	GEORGE, JOHN R
STREET ADDRESS	2519 N. CANTERBURY DR.
CITY- ST- ZIP	WEST PALM BEACH FL
TITLE	T
NAME	VECELLIO, KATHRYN C
STREET ADDRESS	771 VILLAGE RD., LOST TREE VILLAGE
CITY- ST- ZIP	NORTH PALM BEACH FL
TITLE	T
NAME	PARTON, ROBERT A JR
STREET ADDRESS	1447 SW 14TH ST.
CITY- ST- ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TR	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		33402
2.1 TITLE	TR	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		33458
3.1 TITLE	C/ TR	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		33407
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	VACANT	
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE	TR	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		33486
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John R. Beane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/95

Date

407-582-5360

Daytime Phone #