


FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004067 (5)**

1. Corporation Name

**FRENCHMAN'S CREEK CHARITIES FOUNDATION, INC.**



Principal Place of Business <b>13495 TOURNAMENT DRIVE PALM BEACH GARDENS FL 33410</b>	Mailing Address <b>13495 TOURNAMENT DRIVE PALM BEACH GARDENS FL 33410-1204</b>
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3. Date Incorporated or Qualified <b>09/03/1993</b>	3a. Date of Last Report <b>02/22/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>65-0440215</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WIENER, STEPHEN W C/O WIENER AND WIENER ATTORNEYS 1655 PALM BEACH LAKES BLVD. STE. 900 WEST PALM BEACH FL 33401</b>	10. Name and Address of New Registered Agent 81 Name <b>John B. McCracken</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>C/O Jones Foster Johnston &amp; Stubbs P.A.</b> 83 <b>505 So. Flagler Drive, Suite 1100</b> 84 City <b>West Palm Beach</b> 85 Zip Code <b>FL 33401-3475</b>
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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 \_\_\_\_\_ DATE **4/20/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOOMIS, BERNARD</b>	1.2 NAME	<b>Gerard Glasser</b>
STREET ADDRESS	<b>13861 LE HAVRE DRIVE</b>	1.3 STREET ADDRESS	<b>13400 Provence Drive</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	1.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATES, MARJORIE</b>	2.2 NAME	<b>Burton H. Greenberg</b>
STREET ADDRESS	<b>13221 VERDUM DRIVE</b>	2.3 STREET ADDRESS	<b>13212 Verdun Drive</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	2.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERBER, ABRAHAM</b>	3.2 NAME	<b>Marikay Schwartz</b>
STREET ADDRESS	<b>3674 DINON WAY</b>	3.3 STREET ADDRESS	<b>13917 Le Havre Drive</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	3.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSENSON, HAROLD</b>	4.2 NAME	
STREET ADDRESS	<b>13332 VERDUM DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRESS, DONNA</b>	5.2 NAME	
STREET ADDRESS	<b>13843 LEBATEAU ISLE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURNETT, DR. RICHARD</b>	6.2 NAME	
STREET ADDRESS	<b>1602 VERDE DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040917

CR2E037 (9/96)