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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004067

1. Corporation Name

FRENCHMAN'S CREEK CHARITIES FOUNDATION, INC.

Principal Place of Business

13495 TOURNAMENT DRIVE
PALM BEACH GARDENS FL 33410

Mailing Address

13495 TOURNAMENT DRIVE
PALM BEACH GARDENS FL 33410



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/03/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0440215

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCRACKEN, JOHN B
C/O JONES FOSTER JOHNSON & STUBBS PA
505 S FLAGLER DR SUITE 100
W PALM BEACH FL 33401**

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 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME GLASSER, GERARD
STREET ADDRESS 16400 PROVENCE DR
CITY-ST-ZIP PALM BEACH GARDENS FL

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Elinor Zwerling
1.3 STREET ADDRESS 13615 Verde Drive
1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE D ☒ DELETE
NAME GREENBURG, BURTON H
STREET ADDRESS 13212 VERDUN DR
CITY-ST-ZIP PALM BEACH GARDENS FL

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Elayne Rosen
2.3 STREET ADDRESS 13764 Le Havre Drive
2.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE D ☐ DELETE
NAME SCHWARTZ, MARIKAY
STREET ADDRESS 13917 LE HARVE DR
CITY-ST-ZIP PALM BEACH GARDENS FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99

CR2E037 (11/98)