

FE IS \$61.25

FILED

Feb 17, 1999 8:00am  
Secretary of State

02-17-1999 90094 049 \*\*\*\*\*61.25

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

DOCUMENT # N93000005734

1. Corporation Name

THE LEONARD AND SOPHIE DAVIS FOUNDATION, INC.

Principal Place of Business

601 CLEARWATER PARK RD.  
SUITE 201  
WEST PALM BEACH FL 33401

Mailing Address

601 CLEARWATER PARK RD.  
SUITE 201  
WEST PALM BEACH FL 33401



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/22/1993

4. FEI Number

59-3233822

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

9. Name and Address of Current Registered Agent

HOADLEY, MARILYN  
601 CLEARWATER PARK RD.  
SUITE 201  
WEST PALM BEACH FL 33401

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 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

TITLE P ☐ DELETE

NAME HOADLEY, MARILYN  
STREET ADDRESS 400 N. FLAGLER DR PHC2  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE VPT ☐ DELETE

NAME DAVIS, LEONARD  
STREET ADDRESS 120 CASA BENDITA  
CITY-ST-ZIP PALM BEACH FL

TITLE VPS ☐ DELETE

NAME DAVIS, SOPHIE  
STREET ADDRESS 120 CASA BENDITA  
CITY-ST-ZIP PALM BEACH FL

TITLE D ☐ DELETE

NAME DAVIS, ALAN  
STREET ADDRESS 68 JORDAN ST  
CITY-ST-ZIP SAN FRANCISCO CA

TITLE D ☐ DELETE

NAME DAVIS, MICHAEL  
STREET ADDRESS 475 BELVEDERE AVE.  
CITY-ST-ZIP BELVEDERE CA 94920

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)