

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 12 1998 8:00am  
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005806 (5)

1. Corporation Name

THE CHILDREN'S PLACE AND CONNOR'S NURSERY FOUNDATION, INC.

Principal Place of Business

Mailing Address

2309 PONCE DE LEON AVENUE  
SUITE 1100  
WEST PALM BEACH FL 33407  
US

2309 PONCE DE LEON BLVD.  
SUITE 1100  
WEST PALM BEACH FL 33407  
US

3. Date Incorporated or Qualified

12/20/1993

4. FEI Number

65-0462950

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCMULLEN, SCOTT L  
505 S FLAGLER DR  
SUITE 1100  
WEST PALM BEACH FL 33401

81 Name

Landry, Michael

82 Street Address (P.O. Box Number is Not Acceptable)

700 S. Federal Hwy, Ste 300

83

84 City

Boca Raton

FL

85 Zip Code

33432

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	DEVLIN, THOMAS C	
STREET ADDRESS	222 LAKEVIEW AVE SUITE 1100	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HAWKINS, SCOTT G	
STREET ADDRESS	505 S FLAGLER DR SUITE 1100	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CRAY, CHARLES	
STREET ADDRESS	11780 US HWY 1	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Landry, Michael	
1.3 STREET ADDRESS	211 S. Gordon Rd	
1.4 CITY-ST-ZIP	Ft Lauderdale FL 33301	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Pierson, Gloria	
2.3 STREET ADDRESS	2220 SW 11th Place	
2.4 CITY-ST-ZIP	Boca Raton FL 33486	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Malfitano, Jayne	
3.3 STREET ADDRESS	2223 Arca Palm Rd	
3.4 CITY-ST-ZIP	Boca Raton FL 33432	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: July 21, 1998 Daytime Phone #

CR2E037 (5/98)