

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAY -1 PM 6:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000802 (8)

1. Corporation Name

MARGARET A. GUISTETTI PALM BEACH CHAPTER DAR FOU
NDATION, INC.

Principal Place of Business

Mailing Address

% JONES, FOSTER, JOHNSTON & STUBBS, P.A.
505 S. FLAGLER DR., #1100
WEST PALM BEACH FL 33401

% JONES, FOSTER, JOHNSTON & STUBBS, P.A.
505 S. FLAGLER DR., #1100
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/15/1994

4. FEI Number

65-6158034

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOANE, REBECCA G

JONES, FOSTER, JOHNSTON & STUBBS, P.A.

505 S. FLAGLER DR., #1100

WEST PALM BEACH FL 33461

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

CROSS, JANE

STREET ADDRESS

4642 KITTIWAKE CT.

CITY - ST - ZIP

BOYNTON BEACH FL 33436

TITLE

D

NAME

PRICE, AILENE

STREET ADDRESS

311 COCOANUT ROW

CITY - ST - ZIP

PALM BEACH FL 33480

TITLE

D

NAME

DOANE, REBECCA G ESQUIRE

STREET ADDRESS

505 S. FLAGLER DR., #1100

CITY - ST - ZIP

WEST PALM BEACH FL 33402-3475

TITLE

D

NAME

VECELLIO, KATHRYN C

STREET ADDRESS

771 VILLAGE RD.

CITY - ST - ZIP

NORTH PALM BEACH FL 33408-3331

TITLE

D

NAME

JONES, DOROTHY

STREET ADDRESS

628 50TH ST.

CITY - ST - ZIP

WEST PALM BEACH FL 33407

TITLE

D

NAME

D

STREET ADDRESS

D

CITY - ST - ZIP

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11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

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☐ Change ☐ Addition

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14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #