

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90162 008 ****61.25

0065390

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N94000001275

1. Corporation Name

MALIVAI O. WASHINGTON PRIVATE FOUNDATION, INC.

Principal Place of Business

% 505 S FLAGLER DR
STE 900
W PALM BEACH FL 33401

Mailing Address

% 505 S FLAGLER DR
STE 900
W PALM BEACH FL 33401



2. Principal Place of Business

21 3699 Sanctuary Way S

Suite, Apt. #, etc.

22 City & State

23 Jacksonville Beach FL

Zip Country

24 32250 25 Duval

2a. Mailing Address

26 PO Box 2651

Suite, Apt. #, etc.

27 City & State

28 Ponte Vedra Bch, FL

Zip Country

29 32004 30 St. Johns

3. Date Incorporated or Qualified

03/09/1994

4. FEI Number

65-0460990

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

JERRI FLORIO
3699 SANTUARY WY SO
APT 9104
JACKSONVILLE FL 32250

10. Name and Address of New Registered Agent

81 Name

Terri Florio

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

3699 Sanctuary Way So

83

84 City

Jacksonville Beach

FL

85 Zip Code

32250

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.

Terri Florio

(NOTE: Registered Agent signature required when reinstating)

1/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WASHINGTON, MALIVAI O
STREET ADDRESS 109 ROYAL LAGOON CT
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

☐ DELETE

TITLE VD
NAME FLORIO, TERN
STREET ADDRESS 3699 SANCHARY WY SO
CITY-ST-ZIP JACKSONVILLE BEACH FL 3225

☐ DELETE

TITLE STD
NAME CARPER, JENNIFER
STREET ADDRESS 165 PATRICK MILL CIR
CITY-ST-ZIP PONTE VERDE BEACH FL 3208

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Washington, Malivai O
1.3 STREET ADDRESS 5 South Roscoe Blvd
1.4 CITY-ST-ZIP Ponte Vedra Bch, FL 32082

☒ Change

☐ Addition

2.1 TITLE VD
2.2 NAME Florio, Terri
2.3 STREET ADDRESS 3699 Sanctuary Way S
2.4 CITY-ST-ZIP Jacksonville Beach, FL 32250

☒ Change

☐ Addition

3.1 TITLE STD
3.2 NAME Carper, Jennifer
3.3 STREET ADDRESS 5 South Roscoe Blvd
3.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

☒ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

1/30/99

Date

9042471939

Daytime Phone #

CR2E037 (11/98)