FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

N94000003399 (2) DOCUMENT

THE MORIKAMI FOUNDATION, INC.

Principal Place of Business Mailing Address 4000 MORIKAMI PARK RD 4000 MORIKAMI PARK RD **DELRAY BEACH FL 33446 DELRAY BEACH FL 33446** 3. Date Incorporated or Qualified 3a. Date of Last Report 07/05/1994 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0557491 21 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite. Apt. #. etc 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 28 Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under s. 199.032. Ζφ Country Zip Country ☐ Yes ☐ No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SCHMIDT, DAVID W Street Address (P.O. Box Number is Not Acceptable) 82 100 NE FIFTH AVE **B3** DELRAY BEACH FL Zip Code 64 City 85 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE 1.1 TITLE ☐ Addition TITLE PRESIDENT WHITLEDGE, JOHN NAME 1.2 NAME WHITLEDGE, JOHN B 4000 MORIKAMI PARK RD STREET ADDRESS 1.3 STREET ADDRESS 236 KEY PALM DELRAY BEACH FL CITY-ST-ZIP 14 CITY - ST - ZIP BOCA RATON, FL 33432 TOELETE Change ■ Addition 2 1 THEF TITLE SECRETARY **BROWN, CYNTHIA** 2.2 NAME BROWN, CYNTHIA NAME 4000 MORIKAMI PARK RD 2.3 STREET ADDRESS STREET ADDRESS 1216 SPANISH RIVER ROAD **DELRAY BEACH FL 33446** 2 4 CITY-ST-ZIP BOCA RATON , FL 33431 CITY - ST - ZIP DELETE ☐ Change ☐ Addition TITLE 3.1 TITLE MERRILL, ANNE B NAME 3 2 NAME 4000 MORIKAMI PARK RD STREET ADDRESS 3.3 STREET ADORESS **DELRAY BEACH FL 33446** 3 4 CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition [] DELETE 4.1 TITLE TITLE NAME SMITH, BILL T JR 4 2 NAME 4000 MORIKAMI PARK RD STREET ADDRESS 4.3 STREET ADDRESS **DELRAY BEACH FL 33446** 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change 51 TITLE Addition TITLE HARRELL, R. THOMAS 52 NAME NAME 4000 MORIKAMI PARK RD 5.3 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33446** 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 61 TITLE Change TITLE TREASURER 62 NAME

14. I do hereby certify that the information supplied 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 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

BRADLY, ARTHUR

21174 HAMPTON DR

SIGNATURE:

NAME

STREET ADDRESS

May 13/198 (407 3945733

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