

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 22 1997 8:00am  
Secretary of State

DOCUMENT # **N94000003399 (2)**

1. Corporation Name

**THE MORIKAMI FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**4000 MORIKAMI PARK RD  
DELRAY BEACH FL 33446**

**4000 MORIKAMI PARK RD  
DELRAY BEACH FL 33446**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/05/1994**

3a. Date of Last Report

**06/21/1996**

4. FEI Number

**65-0557491**

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**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHMIDT, DAVID W  
100 NE FIFTH AVE  
DELRAY BEACH FL**

**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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE

NAME **WHITLEGE, JOHN**

STREET ADDRESS **236 KEY PALM**

CITY-ST-ZIP **BOCA RATON FL**

TITLE **S** ☐ DELETE

NAME **BROWN, CYNTHIA**

STREET ADDRESS **1216 SPANISH RIVER ROAD**

CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ DELETE

NAME **MERRILL, ANNE B**

STREET ADDRESS **4000 MORIKAMI PARK RD**

CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **D** ☒ DELETE

NAME **SMITH, BILL T JR**

STREET ADDRESS **4000 MORIKAMI PARK RD**

CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **D** ☒ DELETE

NAME **HARRELL, R. THOMAS**

STREET ADDRESS **4000 MORIKAMI PARK RD**

CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **T** ☐ DELETE

NAME **BRADLEY, ARTHUR**

STREET ADDRESS **21174 HAMPTON DRIVE**

CITY-ST-ZIP **BOACA RATON FL**

1.1 TITLE **President** ☐ Change ☒ Addition

1.2 NAME **Kohnken, Donald H.**

1.3 STREET ADDRESS **1799 Sabal Palm Drive**

1.4 CITY-ST-ZIP **Boca Raton, Florida 33432**

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 **Director** ☐ Change ☒ Addition

4.2 NAME **Stroud, Nancy Esq.**

4.3 STREET ADDRESS **One Lincoln Place, 1900 Glades Road**

4.4 CITY-ST-ZIP **Boca Raton, Florida 33431 Suite 350**

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 do 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 REQUIRED

9-17-97

CR2E037 (4/97)