

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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**

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

3. Date Incorporated or Qualified

07/05/1994

4. FEI Number

65-0557491

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

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 officer 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	1.1 TITLE	D
NAME	KOHINKEN, DONALD H	1.2 NAME	GEORGE T. ELMORE
STREET ADDRESS	1799 SABAL PALM DR	1.3 STREET ADDRESS	1320 N. OCEAN BLVD
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483-7234
TITLE	S	2.1 TITLE	D
NAME	BROWN, CYNTHIA	2.2 NAME	DONALD R. MANDICH
STREET ADDRESS	1216 SPANISH RIVER ROAD	2.3 STREET ADDRESS	10360 PRESTWICK ROAD
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOYTON BEACH, FL 33436-4402
TITLE	D	3.1 TITLE	D
NAME	MERRILL, ANNE B	3.2 NAME	JAMES M. BARETT, M.D.
STREET ADDRESS	4000 MORIKAMI PARK RD	3.3 STREET ADDRESS	519 PALM TRAIL
CITY-ST-ZIP	DELRAY BEACH FL 33446	3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	D	4.1 TITLE	D
NAME	STROUD, NANCY E	4.2 NAME	J. MURFREE BUTLER
STREET ADDRESS	ONE LINCOLN PLACE, 1900 GLADES RD STE 350	4.3 STREET ADDRESS	200 S. MAYA PALM DRIVE
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	T	5.1 TITLE	D
NAME	BRADLEY, ARTHUR	5.2 NAME	ANNE B. HAZEL
STREET ADDRESS	21174 HAMPTON DRIVE	5.3 STREET ADDRESS	6254 HUNTLEY ROAD
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	BROAD RUN, VA 20137
TITLE	D	6.1 TITLE	
NAME	MARY GLOVER BASTIN	6.2 NAME	
STREET ADDRESS	348 ALEXANDER PALM ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	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:

Nancy E. Stroud

4/24/98 (56) 391-0400

CP2E037 (10/97)