

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90098 037 \*\*\*\*61.25

DOCUMENT # N94000003399

1. Corporation Name

THE MORIKAMI FOUNDATION, INC.

Principal Place of Business

4000 MORIKAMI PARK RD  
DELRAY BEACH FL 33446

Mailing Address

4000 MORIKAMI PARK RD  
DELRAY BEACH FL 33446



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SCHMIDT, DAVID W  
100 NE FIFTH AVE  
DELRAY BEACH FL

10. Name and Address of New Registered Agent

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

TITLE D  
NAME ELMORE, G T  
STREET ADDRESS 1320 N OCEAN BLVD  
CITY-ST-ZIP DELRAY BCH FL 33483

☐ DELETE

TITLE D  
NAME MANDICH, D R  
STREET ADDRESS 10360 PRESTWICK RD  
CITY-ST-ZIP BOYNTON BCH FL 33436

☐ DELETE

TITLE D  
NAME MARETT, J M  
STREET ADDRESS 519 PALM TR  
CITY-ST-ZIP DELRAY BEACH FL 33483

☒ DELETE

TITLE D  
NAME STROUD, NANCY E  
STREET ADDRESS ONE LINCOLN PLACE, 1900 GLADES RD STE 350  
CITY-ST-ZIP BOCA RATON FL

☒ DELETE

TITLE T  
NAME BRADLEY, ARTHUR  
STREET ADDRESS 21174 HAMPTON DRIVE  
CITY-ST-ZIP BOACA RATON FL

☐ DELETE

TITLE D  
NAME BASTIN, M G  
STREET ADDRESS 348 ALEXANDER PALM RD  
CITY-ST-ZIP BOCA RATON FL 33432

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME KOHNKEN, DONALD H.  
1.3 STREET ADDRESS 1799 SABAL PALM DRIVE  
1.4 CITY-ST-ZIP BOCA RATON, FL 33432

☐ Change

☒ Addition

2.1 TITLE SD  
2.2 NAME BROWN, CYNTHIA W.  
2.3 STREET ADDRESS 1216 SPANISH RIVER ROAD  
2.4 CITY-ST-ZIP BOCA RATON, FL 33432

☐ Change

☒ Addition

3.1 TITLE D  
3.2 NAME BUTLER, J. MURFREE  
3.3 STREET ADDRESS 200 S. MAYA PALM DRIVE  
3.4 CITY-ST-ZIP BOCA RATON, FL 33432

☐ Change

☒ Addition

4.1 TITLE D  
4.2 NAME HAZEL, ANNE B.  
4.3 STREET ADDRESS 6254 HUNTLEY ROAD  
4.4 CITY-ST-ZIP BROAD RUN, VA 20137

☐ Change

☒ Addition

5.1 TITLE TD  
5.2 NAME BRADLEY, ARTHUR  
5.3 STREET ADDRESS 1138 BREAKERS WEST BLVD.  
5.4 CITY-ST-ZIP WEST PALM BEACH, FL 33411

☒ 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 REQUIRED DONALD H. KOHNKEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

3/31/99 561 495-0233

Date

Daytime Phone #

CR2E037 (1/98)