# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N94000005197 (8) 95 FEB 16 PM 3:12

1. Corporation Name

TOWNE FAMILY FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3900 OAKS CLUBHOUSE DRIVE<br>BLDG. 76, APARTMENT 207<br>POMPANO BEACH FL 33069 | 3900 OAKS CLUBHOUSE DRIVE<br>BLDG. 76, APARTMENT 207<br>POMPANO BEACH FL 33069 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1994
3a. Date of Last Report: N/A
4. FEI Number: 65-0530930 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 N/A | 26 N/A |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

5. Certificate of Status Desired: NO ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: NO ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: XX **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

**9. Name and Address of Current Registered Agent**

TOWNE, A C JR
3900 OAKS CLUBHOUSE DRIVE
BLDG. 76, APARTMENT 207
POMPANO BEACH FL 33069

**10. Name and Address of New Registered Agent**

81 Name: N/A
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: N/A (DATE)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required where applicable.)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D<br>A.C. Towne, Jr.<br>3900 Oaks Clubhouse Dr, Bld 76, Apt 207<br>Pompano Beach, FL 33069 | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S/T/D<br>Maryland J. Towne<br>3900 Oaks Clubhouse Dr, Bld 76, Apt 207<br>Pompano Beach, FL 33069 | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Madelin T. Palmieri<br>639 Teak Court<br>Walnut Creek, CA 94598 | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Laurence Palmieri<br>639 Teak Court<br>Walnut Creek, CA 94598 | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Kathryn Palmieri<br>639 Teak Court<br>Walnut Creek, CA 94598 | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Stephanie Palmieri<br>639 Teak Court<br>Walnut Creek, CA 94598 | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | ☐ Change ☐ Addition |

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** X A.C. Towne, Jr., President — X 2/9/95 — (305)972-8735
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — (Date) — (Area Code and Daytime Phone Number)

0040303