

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

DOCUMENT # N94000005197 (8)

1. Corporation Name

TOWNE FAMILY FOUNDATION, INC.



Principal Place of Business

Mailing Address

3900 OAKS CLUBHOUSE DRIVE
BLDG. 76, APARTMENT 207
POMPANO BEACH FL 33069

3900 OAKS CLUBHOUSE DRIVE
BLDG. 76, APARTMENT 207
POMPANO BEACH FL 33069

3. Date Incorporated or Qualified

10/20/1994

3a. Date of Last Report

02/16/1995

2. Principal Place of Business

2a. Mailing Address

21 N/A

26 N/A

4. FEI Number

65-0530930

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

NO

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

NO

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☒

No

24

25

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

N/A

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 ☐ DELETE

NAME **PD**
STREET ADDRESS **TOWNE, JR. A**
CITY-ST-ZIP **3900 OAKS CLUBHOUSE DR BLD 76 #207**
POMPANO BEACH FL

TITLE ☐ DELETE

NAME **STD**
STREET ADDRESS **TOWNE, MARYLAND J.**
CITY-ST-ZIP **3900 OAKS CLUBHOUSE DR BLD 76 #207**
POMPANO BEACH FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **PALMIERI, MADELIN T.**
CITY-ST-ZIP **639 TEAK CT**
WALNUT CREEK CA

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **PALMIERI, LAURENCE**
CITY-ST-ZIP **639 TEAK CT**
WALNUT CREEK CA

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **PALMIERI, KATHRYN**
CITY-ST-ZIP **639 TEAK CT**
WALNUT CREEK GA

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **PALMIERI, STEPHANIE**
CITY-ST-ZIP **639 TEAK CT**
WALNUT CREEK CA

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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D
Stephanie Sunken

3325 East Lockett Road, #6
Flagstaff, AZ 86004

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 checked, or on an attachment with an address.

SIGNATURE:

A C Towne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 15th 1996
Date

(305) 972-8735
Daytime Phone #

CR2E037 (12/95)