

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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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
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	29. Zip
25. Country	30. Country

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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	
TITLE	PD
NAME	TOWNE, JR. A
STREET ADDRESS	3900 OAKS CLUBHOUSE DR BLD 76 #207
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	STD
NAME	TOWNE, MARYLAND J.
STREET ADDRESS	3900 OAKS CLUBHOUSE DR BLD 76 #207
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	D
NAME	PALMIERI, MADELIN T.
STREET ADDRESS	639 TEAK CT
CITY-ST-ZIP	WALNUT CREEK CA
TITLE	D
NAME	PALMIERI, LAURENCE
STREET ADDRESS	639 TEAK CT
CITY-ST-ZIP	WALNUT CREEK CA
TITLE	D
NAME	PALMIERI, KATHRYN
STREET ADDRESS	639 TEAK CT
CITY-ST-ZIP	WALNUT CREEK GA
TITLE	D
NAME	SUNKEN, STEPHANIE
STREET ADDRESS	3325 EAST LOCKETT ROAD, #6
CITY-ST-ZIP	FLGSTAFF AZ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Same as Line 12 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Same as Line 12
5.3 STREET ADDRESS	Same as Line 12
5.4 CITY-ST-ZIP	Walnut Creek, CA <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	Same as Line 12
6.2 NAME	Same as Line 12
6.3 STREET ADDRESS	1024 Power Avenue, #188
6.4 CITY-ST-ZIP	Pittsburg, CA 94565

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: X A.C. Towne Pres X 1/26/98 (305) 972-8735

CR2E037 (10/97)