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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000006160 (5)

1. Corporation Name

THE LAPE P. FOX FAMILY FOUNDATION, INC.



Principal Place of Business

C/O 1201 GEORGE BUSH BLVD.  
DELRAY BEACH FL 33483

Mailing Address

C/O 1201 GEORGE BUSH BLVD.  
DELRAY BEACH FL 33483

3. Date Incorporated or Qualified  
12/15/1994

3a. Date of Last Report  
06/14/1995

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

9. Name and Address of Current Registered Agent

CHAPIN, ROBERT D  
1201 GEORGE BUSH BLVD.  
DELRAY BEACH FL 33483

Correct -  
No Changes.

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 state if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME FOX, RITA D  
STREET ADDRESS 4333 N. OCEAN BLVD., APT. C55  
CITY-STATE-ZIP DELRAY BEACH FL 33483

11 TITLE D  
12 NAME Fox, Rita D.  
13 STREET ADDRESS 401 East Linton Blvd, Apt. 410  
14 CITY-STATE-ZIP Delray Beach, FL 33483

TITLE D  
NAME DEJOY, CAROL F  
STREET ADDRESS 8320 EAGLE RIDGE DRIVE  
CITY-STATE-ZIP PAINESVILLE OH 44077

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

TITLE D  
NAME FOX, RICHARD P  
STREET ADDRESS 5255 FOREST AVENUE S.E.  
CITY-STATE-ZIP MERCER ISLAND WA 98040

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)