

FILE NOW: FILING FEE IS \$61.25

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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/15/1994	
4. FEI Number 65-6160649	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <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 CHAPIN, ROBERT D 1201 GEORGE BUSH BLVD. DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	FOX, RITA D
STREET ADDRESS	401 EAST LINTON BLVD APT 410
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DEJOY, CAROL F
STREET ADDRESS	8320 EAGLE RIDGE DRIVE
CITY-ST-ZIP	PAINESVILLE OH 44077
TITLE	D <input type="checkbox"/> DELETE
NAME	FOX, RICHARD P
STREET ADDRESS	5255 FOREST AVENUE S.E.
CITY-ST-ZIP	MERCER ISLAND WA 98040
TITLE	PATRICIA F. <input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PATRICIA F. MIRON
1.3 STREET ADDRESS	490 Whiskey Hill Rd.
1.4 CITY-ST-ZIP	Woodside, CA. 94062
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WILLIAM DEVOL
2.3 STREET ADDRESS	32 Glade Dr
2.4 CITY-ST-ZIP	NISKAYUNA, NY. 12309
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

[Signature]

7/28/98

561-272-1225

CR2E037 (10/97)