FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION • ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9500003821 (4)

THE NEWQUIST FAMILY FOUNDATION, INC.														
Principal Place	of Business	Mailin	Mailing Address						68 111 83186 					
150 CLARKE AVE. 150 CLARKE AVE. PALM BEACH FL 33480 PALM BEACH FL 33480					0					2a Date		tonad	_	
									3. Date Incorporated or Qualified 08/11/1995	3a. Date o	Last H	epon		
2. Principal Pla	ace of Busine	2a. M	2a. Mailing Address					4. FEI Number		 	pplied For	_]		
21		26						13-380-6176 Not Applica						
Suite, Apt. #, etc.			⊢	Suite, Apt. #, etc.					5. Certificate of Status Desired	_ \$		Additional equired		
City & State			City & State					6. Election Campaign Financing			May Be	ᅥ		
23 City & State	i	28	-					Trust Fund Contribution	J		to Fees			
Zip Country				Zip Co.					8. This corporation has liability for intar		der s.	199.032,		
24		25	29		30				1 Torrida Ottatatea	Yes No	nt		\dashv	
	9. Name	and Address of Curr	ent Register	ea Agent		81	Nan	ne	10. Name and Address of New Regis	stelen WAB	1,1		\dashv	
												4		
	STEIN, STE	120				Stre	eet Addre	oss (P.O. Box Number is Not Acceptable)						
500 EAST BROWARD BLVD., SUITE 11: FT. LAUDERDALE FL 33394			130	J									_	
11. 130	OCHONEL I					City	,		FL ⁸	5 Zip	Code			
or register familiar wi	red agent, or	ons of Sections 617.05 both, in the State of Fl ot the obligations of, Se	orida. Such ch	hange was authori	zea by t	above-r the corp	named oratio	d corpora n's board	ation submits this statement for the purpos d of directors. I hereby accept the appointr	e of changir ment as reg	its re istered	gistered offic agent. I am	æ	
SIGNATURE _	Signature, typed	or printed name of registered as		<u> </u>	-		nt signal	ure required	when reinstahry	DATE	DECTO	DQ INI 10		
12.						13. 1,1 TITLE		7	ADDITIONS/CHANGES TO OFFICE		hange	Addition		
TITLE				Poerese	1.1 II			رخ ا	1. NEWOUST	ں °				
NAME CTOSET ADDRESS							TREET ADDRESS		CO CLARKE TOP					
STREFT ADDRESS CITY-ST-ZIP					1.4 CI			6	PALM BEACH, FL 3348	0				
TITLE				DELETE	21 TITLE		1 5	SD .		hange	☐ Addition	_		
NAME				2.21				A	ILEBN M. NEWOUST					
STREET ADDRESS						2.3 STREET	3 STREET ADORESS		SO CLARKE AVE	₽o.				
CITY-ST-ZIP					-	2. 4 CITY - ST - 7IP			DALM BEACH, PL 334		hanno	☐ Addition		
TITLE	{			DEFFERE		3.1 TITLE	· -	$\frac{q}{\approx}$		۲٦٬	hange	Magnion		
NAME						3.2 NAME 3.3 STREET	t ADDO	13	ARL B. MIX, III. 9 HILTONST.					
STREET ADDRESS	1				1	3.3 STHEE 3.4. CITY-			ARIEN, CT 0682	O				
CITY-ST-ZIP TITLE	 			DELETE	_	4.1 TITLE	OI-TIL	- J	THE NI WOOD		hange	Addition		
NAME	1					4 2 NAME								
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CITY-ST-ZIP						4.4 CITY -	ST-ZIP							
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NAME						5.2 NAME								
STREET ADDRESS						5.3 STREE	1 addri	FSS						
CITY-ST-ZIP	ļ			Floriere	_	5.4 CITY-:			200001720		Yranna	☐ Addition		
TITLE									300001749 -03/19/9601029	5037	-TIGHING	Addition		
NAME						62 NAME		ree	***61.25					
STREET ADDRESS						6.3 STREE		199	 					
CITY-S1-ZIP	by cortify that	t the information suppli	ed with this fil	ing is voluntarily fu	rnished	6.4 CITY - and doe	si-ZIP es not	qualify fo	or the exemption stated in Section 119.07	(3)(k), Florida	Statut	es. I further		

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 cath; 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 12 if changed, or on an attachment with an address.

SIGNATURE:

AILEEN NEWQUIST

EWQUIST JOBJO Proces

CR2E037 (12/95)