

4-30-97 B. 5916 -C
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Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000003821 (4)

1. Corporation Name

THE NEWQUIST FAMILY FOUNDATION, INC.



Principal Place of Business

Mailing Address

150 CLARKE AVE.
PALM BEACH FL 33480

150 CLARKE AVE.
PALM BEACH FL 33480-6121

3. Date Incorporated or Qualified
08/11/1995

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21 396 S. Beach Road

26 396 S. Beach Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Hobe Sound, FL

28 Hobe Sound, FL

24 Zip

Country

33455

25 USA

29 Zip

Country

33455

30 USA

4. FEI Number

~~13-3899100~~ 65-0646136

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WASERSTEIN, STEVE L ESQ
500 EAST BROWARD BLVD., SUITE 1130
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name

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

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 ☐ DELETE

NAME NEWQUIST, SCOTT C
STREET ADDRESS 150 CLARKE AVE.
CITY-ST-ZIP PALM BEACH FL 33480

TITLE SD ☐ DELETE

NAME NEWQUIST, AILEEN M
STREET ADDRESS 150 CLARKE AVE.
CITY-ST-ZIP PALM BEACH FL 33480

TITLE D ☐ DELETE

NAME MIX, EARL B III
STREET ADDRESS 49 HILTON ST
CITY-ST-ZIP DARIEN CT 06820

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

396 S. Beach Road
Hobe Sound, FL 33455

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

396 S. Beach Road
Hobe Sound, FL 33455

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

Scott C. Newquist
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97

Date

561-743-5822

Daytime Phone # 0039328

CR2E037 (9/96)