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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004028 (5)

1. Corporation Name

DORIS E. FARRINGTON FOUNDATION, INC.

Principal Place of Business

Mailing Address

**3943 TROPHY BLVD
SEVEN SPRINGS FL 34655-1936**

**3943 TROPHY BLVD
SEVEN SPRINGS FL 34655-1936**



3. Date Incorporated or Qualified

08/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FARRINGTON, ROBERT J.M.
3943 TROPHY BLVD
SEVEN SPRINGS FL 34655-1936**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **FARRINGTON, ROBERT J.M.**
STREET ADDRESS **3943 TROPHY BLVD**
CITY-ST-ZIP **SEVEN SPRINGS FL 34655-1936**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **FILIPPONI, DORIS F**
STREET ADDRESS **VIA GROTA PERFETTA 558**
CITY-ST-ZIP **00142, ROMA ITALIA**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **FARRINGTON, ROBERT J.M. JR**
STREET ADDRESS **25 HIGHVIEW ROAD**
CITY-ST-ZIP **DARIEN CT 06820**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PHILPOT, MARGARET F**
STREET ADDRESS **1617 CRANWAY DR**
CITY-ST-ZIP **HOUSTON TX 77055**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **FARRINGTON, GEORGE M**
STREET ADDRESS **RR1, BOX 1195**
CITY-ST-ZIP **PAWLETT VT 05761**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **FARRINGTON, EDWIN S**
STREET ADDRESS **85 AUSSERFELDSTRASSE, MANNEDORF**
CITY-ST-ZIP **8708 SWITZERLAND**

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 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:

Robert J.M. Farrington President

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/16/96

8133760269

CR2E037 (12/95)