NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

N95000004438 (6)

THE SNYDER FAMILY SUPPORTING FOUNDATION, INC.

Principal Place of Business Mailing Address 9901 DONNA KLEIN BLVD. 9901 DONNA KLEIN BLVD. **BOCA RATON FL 33428** BOCA RATON FL 33428 3. Date Incorporated or Qualified 3a. Date of Last Report 09/18/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0610984 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Z_tρ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KIRWAN, ADAM O 82 Street Address (P.O. Box Number is Not Acceptable) 4800 NO. FEDERAL HIGHWAY STE 105E **BOCA RATON FL 33431** 83 84 City 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 Tif: F DELETE 11 TITLE Change Addition WARSHAL, BRUCE NAME 1.2 NAME C/O 9901 DONNE KLEIN BLVD. STREET ADDRESS 9901 Donna Klein Blvd. 1.3 STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP 14 CITY-ST-ZIP TITLE □ DELE1É Change 21 TITLE Treasurer Addition LEVINE, ABNER NAME 2.2 NAME 9901 Donna Klein Blvd. C/O 9901 DONNE KLEIN BLVD. STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-7iP 2 4 CITY-ST-ZIP TITLE Secretary DELETE 31 TITLE Addition HAST, DAVID NAME 3.2 NAME C/O 9901 DONNE KLEIN BLVD. STREET ADDRESS 9901 Donna Klein Blvd. 3.3 STREET ADDRESS **BOCA RATON FL 33428** City - St - ZiP 34 CITY-ST-7IP TITLE DELETE 4.1 TITLE Change Addition NAME GILLERT, SPENCER 4 2 NAME Gellert, Spencer STREET ADDRESS C/O 9901 DONNE KLEIN BLVD. 4.3 STREET ADDRESS 9901 Donna Klein Blvd. CITY-ST-ZIP **BOCA RATON FL 33428** 4 4 CHTY-ST-ZIP TITLE DELETE 51 TITLE Change ☐ Addition SNYDER, IRENE C NAME 5.2 NAME C/O 9901 DONNE KLEIN BLVD. STREET ADDRESS 9901 Donna Klein Blvd. 5.3 STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-Z-P 5 4 CITY-SI-ZIP TITLE DELETE Change 6 1 TITLE ■ Addition President NAME SNYDER, DANIEL P 6.2 NAME C/O 9901 DONNE KLEIN BLVD. STREET ADDRESS 63 STREET ADDRESS 9901 Donna Klein Blvd.

14. Ido 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.

6 4 CITY-ST-ZIP

SIGNATURE:

City-St-ZIP

BOCA RATON FL 33428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN OFFICER OR DIRECTOR Daniel P. Snydex President

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