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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004438

1. Corporation Name

THE SNYDER FAMILY SUPPORTING FOUNDATION, INC.

Principal Place of Business

Mailing Address

9901 DONNA KLEIN BLVD.
BOCA RATON FL 33428

9901 DONNA KLEIN BLVD.
BOCA RATON FL 33428



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified

09/18/1995

4. FEI Number

65-0610984

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRWAN, ADAM O
4800 NO. FEDERAL HIGHWAY STE 105E
BOCA RATON FL 33431

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 D ☐ DELETE

NAME WARSHAL, BRUCE
STREET ADDRESS 9901 DONNA KLEIN BLVD.
CITY-ST-ZIP BOCA RATON FL

TITLE T ☐ DELETE

NAME LEVINE, ABNER
STREET ADDRESS 9901 DONNA KLEIN BLVD.
CITY-ST-ZIP BOCA RATON FL

TITLE S ☐ DELETE

NAME HAST, DAVID
STREET ADDRESS 9901 DONNA KLEIN BLVD.
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE

NAME GELLERT, SPENCER
STREET ADDRESS 9901 DONNA KLEIN BLVD.
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE

NAME SNYDER, IRENE C
STREET ADDRESS 9901 DONNA KLEIN BLVD.
CITY-ST-ZIP BOCA RATON FL

TITLE P ☐ DELETE

NAME SNYDER, DANIEL P
STREET ADDRESS 9901 DONNA KLEIN BLVD.
CITY-ST-ZIP BOCA RATON FL

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/99

1/361/852-3100

0043137

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