


FILE NOW: FILING FEE IS \$61.25

FILED

May 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004625 (8)**

1. Corporation Name

**RAYMOND AND MARIA FLOYD CHILDREN'S CHARITIES, IN C.**



Principal Place of Business

Mailing Address

ROOM 21-16  
1221 BRICKELL AVENUE  
MIAMI FL 33131

ROOM 21-16  
1221 BRICKELL AVENUE  
MIAMI FL 33131

3. Date Incorporated or Qualified

**09/28/1995**

4. FEI Number

**65-0615053**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 231 Royal Palm Way**

**26 231 Royal Palm Way**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**23 Palm Beach, FL**

**28 Palm Beach, FL**

Zip Country

Zip Country

**24 33480**

**25**

**29 33480**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENFORD, NORMAN J  
1221 BRICKELL AVENUE  
MIAMI FL 33131**

81 Name

**Maria K. Floyd**

82 Street Address (P.O. Box Number is Not Acceptable)

**231 Royal Palm Way**

83

84 City

**Palm Beach**

**FL**

85 Zip Code  
**33480**

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 **Maria K. Floyd**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-2-98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **FLOYD, RAYMOND L**  
STREET ADDRESS **24 INDIAN CREEK ISLAND**  
CITY-ST-ZIP **MIAMI BEACH FL 33154**

TITLE **D** ☐ DELETE  
NAME **FLOYD, MARIA K**  
STREET ADDRESS **24 INDIAN CREEK ISLAND**  
CITY-ST-ZIP **MIAMI BEACH FL 33154**

TITLE **D** ☒ DELETE  
NAME **PHIPPS, OGDEN M**  
STREET ADDRESS **222 ROYAL PALM WAY**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **D** ☒ DELETE  
NAME **STURM, STEVE**  
STREET ADDRESS **19001 SOUTH WESTERN AVENUE**  
CITY-ST-ZIP **TORRANCE CA 90509**

TITLE **D** ☒ DELETE  
NAME **WILLIS, GREG**  
STREET ADDRESS **19001 SOUTH WESTERN AVENUE**  
CITY-ST-ZIP **TORRANCE CA 90509**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **231 Royal Palm Way**  
1.4 CITY-ST-ZIP **Palm Beach, FL 33480**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **231 Royal Palm Way**  
2.4 CITY-ST-ZIP **Palm Beach, FL 33480**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **Mr. George A. Lesnick, Jr.**  
3.3 STREET ADDRESS **231 Royal Palm Way**  
3.4 CITY-ST-ZIP **Palm Beach, FL 33480**

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.

SIGNATURE: **Maria K. Floyd**

**561-833-2622**

CR2E037 (10/97)