

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # N9500004625

1. Corporation Name

RAYMOND AND MARIA FLOYD CHILDREN'S CHARITIES, IN

Principal Place of Business 231 ROYAL PALM WAY 1221 BRICKELL AVENUE PALM BEACH FL 33480

2. Principal Place of Business

Mailing Address

231 ROYAL PALM WAY 1221 BRICKELL AVENUE PALM BAY FL 33480

2a. Mailing Address

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90013 033 ****61.25

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3. Date incorporated or Qualifed

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Suite, Apt.	#, etc.		Suite, Apt. #, etc.					I Number				olied For
22		27	, which will be a company of a			` ` `	65	-0615053	·			Applicable
City & Stat	e	ļ,	City & State	_			5. Ce	rtifcate of Status Desire	d 🗆		3.75 A Fee Re	dditional
23		28										
Zip	Country	<u> </u>	Zip	Country		1		ection Campaign Financi	ing 🖂	•	Added t	May Be
24	25 29 30						_	ist Fund Contribution me and Address of Ne	w Ponietor			0 1 665
9. Name and Address of Current Registered Agent					Name		IV. Na	ille and Address of Ne	w iveRism	eu Agen		
	•			81				_	_			
FLOYD, MARIA K				82	82 Street Address (P.O. Box Number is Not Acceptable)							
231 ROYAL PALM WAY												
PALM BEACH FL 33480				83								
				84	City				. 6	-L 85	Zip (Code
44	to the provisions of Sections 617.0502	2	47 4500 Florida Statutos	the above	name	d comora	ation su	hmits this statement for	the purpose	of chan	ging its	registered
office or r	egistered agent, or both, in the State o	of Floric	da. Such change was auth	orized by	tne con	poration's	s board	of directors. I hereby a	ccept the ar	pointmer	nt as re	gistered
agent. I a	m familiar with, and accept the obligati	ions of,	, Section 617.0503, Florida	Statutes								
SIGNATURE				702000			h	-61	DATE	:		
12.	Signature, typed or printed name of registered agent OFFICERS AND			gistered Agen	t signature	e required wr		OITIONS/CHANGES TO			RECTO	RS IN 12
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NAME	FLOYD, RAYMOND L			1.2 NAME		_						,
STREET ADDRESS	1			1.3 STREET		S [,			ř
CITY-ST-ZIP	PALM BEACH FL 33480			1.4 CITY-ST	-ZIP			<u></u>			Change	Addition
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NAME	FLOYD, MARIA K			2.2 NAME)
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CITY-ST-ZIP	PALM BEACH FL 33480		- -	2.4 CITY-S	T-ZIP			<u> </u>				
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NAME	LESNICK, JR GEORGE A			3.2 NAME								
STREET ADDRESS	231 ROYAL PALM WAY			3.3 STREET	ADDRES	s						
CITY-ST-ZIP	PALM BEACH FL 33480			3.4. CITY-S	T-ZIP							
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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 derporation 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 manged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #