

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90042 038 ****61.25

0040048

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004692

1. Corporation Name

HISTORICAL FOUNDATION OF PALM BEACH COUNTY, INC.

Principal Place of Business

400 NORTH DIXIE HIGHWAY
WEST PALM BEACH FL 33401

Mailing Address

400 NORTH DIXIE HIGHWAY
WEST PALM BEACH FL 33401



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/05/1995

4. FEI Number

65-0631603

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

BORCHERS, KAREN
400 N. DIXIE HIGHWAY
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81

Name

Kristen H. Gaspari

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

Kristen H. Gaspari Kristen H. Gaspari

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 PD ☐ DELETE

NAME STAMBAUGH, REGINALD J DR.

STREET ADDRESS 400 NORTH DIXIE HIGHWAY

CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE D ☐ DELETE

NAME BROWN, F. TED DR.

STREET ADDRESS 400 NORTH DIXIE HIGHWAY

CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE SD ☐ DELETE

NAME BORNSTEIN, MICHAEL

STREET ADDRESS 400 NORTH DIXIE HIGHWAY

CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE D ☐ DELETE

NAME CORNING, LAWRENCE

STREET ADDRESS 400 N. DIXIE HIGHWAY

CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE T ☐ DELETE

NAME ELHILOW, MARK

STREET ADDRESS 400 N. DIXIE HIGHWAY

CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99 561-832-4164

CR2E037 (11/98)