

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000005208

1. Entity Name
CATLIN FOUNDATION, INC.



Principal Place of Business

801 BRICKELL AVENUE
19TH FLOOR
MIAMI, FL 33131

Mailing Address

801 BRICKELL AVENUE
19TH FLOOR
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

03122004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0646287

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BESSEMER TRUST
801 BRICKELL AVE. STE 2250
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jurisa Thornburg of BTC Co. of FL DATE: 3/16/04

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000094587
03/23/04-80002-015 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
WAINWRIGHT, NANCY
1400 SO. OCEAN BLVD. UNIT 202 NORTH
BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PASCAL, CLARA
1240 MARIOLA CT.
CORAL GABLES, FL 331346264

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
WAINWRIGHT, ROBIN C
1400 SO. OCEAN BLVD. UNIT 202-NORTH
BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

Nancy Wainwright March 15, 2004 410-544-
3940