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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000005509

THE ARTHUR P. COREY FAMILY FOUNDATION, INC.

Principal Place of Business Mailing Address % RAYMOND & RAYMOND P.A % raymond & raymond. P.A. 3. Date Incorporated or Qualified 1200 N. FEDERAL HIGHWAY, SUITE 411 1200 N. FEDERAL HIGHWAY, SUITE 411 11/16/1995 **BOCA RATON FL 33432** BOCA RATON FL 33432 4. FFI Number Applied For 65-0688154 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required 21 26 Suite, Apt. #, etc. \$5.00 May Be Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution Added to Fees 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 28 23 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name RAYMOND, JOHN J JR. 82 Street Address (P.O. Box Number is Not Acceptable) 1200 N. FEDERAL HIGHWAY, SUITE 411 83 **BOCA RATON FL 33432** 84 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 11 TITLE TITLE DST NAME COREY, THERESA 1.2 NAME 12 CYPRESS LANE STREET ADDRESS 1.3 STREET ADDRESS TYNGSBORO MA CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE NAME COREY, ARTHUR P 2.2 NAME STREET ADDRESS 12 CYPRESS LN 2.3 STREET ADDRESS TYNGSBORO MA 01879 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE HUDZIK, JANICE NAME 3.2 NAME 4 WEST STREET STREET ADDRESS 3.3 STREET ADDRESS **GEORGETOWN MA** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE

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 lightness or on an attachment with an address.

SIGNATURE:

SIGNATURE:

14. Thus: P. Coxey 2-8-98 9786498509

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

NAME

STREET ADDRESS

City-S1-ZIP

FILED

Feb 17 1998 8:00am

Secretary of State