

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005798 (2)**

1. Corporation Name

**THE ANN L. PERRIN CHARITABLE FOUNDATION, INC.**



Principal Place of Business <b>777 SOUTH FLAGLER DRIVE SUITE 200 WEST PALM BEACH FL 33401</b>	Mailing Address <b>777 SOUTH FLAGLER DRIVE SUITE 200 WEST PALM BEACH FL 33401-6161</b>
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3. Date Incorporated or Qualified <b>12/08/1995</b>	3a. Date of Last Report <b>02/29/1996</b>
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2. Principal Place of Business <b>21 241 Bradley Place</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Palm Beach, Florida</b> Zip <b>24 33480</b>	2a. Mailing Address <b>26 241 Bradley Place</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Palm Beach, Florida</b> Zip <b>29 33480</b> Country <b>30 US</b>
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4. FEI Number <b>65-0628037</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CHAUNCEY, HARRISON K JR. 777 SOUTH FLAGLER DRIVE SUITE 200 WEST PALM BEACH FL 33401</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>Harrison K. Chauncey, Jr.</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>241 Bradley Place</b>	
83	
84 City <b>Palm Beach</b>	85 Zip Code <b>FL 33480</b>

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PT</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PERRIN, ANN L</b>		1.2 NAME	
STREET ADDRESS <b>11885 NORTH LAKE DRIVE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOYNTON BEACH FL 33436</b>		1.4 CITY-ST-ZIP	
TITLE <b>VT</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MICHEL, GEORGE G JR.</b>		2.2 NAME	
STREET ADDRESS <b>310 MEDITERRANEAN ROAD</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BEACH FL 33480</b>		2.4 CITY-ST-ZIP	
TITLE <b>ST</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHAUNCEY, HARRISON K JR</b>		3.2 NAME	
STREET ADDRESS <b>777 SOUTH FLAGLER DR., SUITE 200</b>		3.3 STREET ADDRESS <b>241 Bradley Place</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33401</b>		3.4 CITY-ST-ZIP <b>Palm Beach, FL 33480</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME <b>Finn, Linda</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>810 Windwalk Drive</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>Roswell, Georgia 30076</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

**ANN L. PERRIN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/97**  
Date

**561.832.3601**  
Daytime Phone # 0038065

CR2E037 (9/96)