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FILED

Jan 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001838 (9)

1. Corporation Name

FLEMING-LEES FOUNDATION, INC.

Principal Place of Business

321 ROYAL POINCIANA PLAZA  
PALM BEACH FL

Mailing Address

321 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480-40193. Date Incorporated or Qualified  
04/03/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

4. FEI Number

65-0660155

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDSAY, ALAN  
321 ROYAL POINCIANA PLAZA  
PALM BEACH FL

81 Name

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

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	DPST	<input type="checkbox"/> DELETE
NAME	LEES, IRVING B	
STREET ADDRESS	321 ROYAL POINCIANA PLAZA	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LEES, MAJORIE F	
STREET ADDRESS	321 ROYAL POINCIANA PLAZA	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRANT, TRACY S	
STREET ADDRESS	443 NE 100 STREET	
CITY-ST-ZIP	MIAMI SHORE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLEMING LEES FRENCH, KIMBERLY	
STREET ADDRESS	1075 CREEK RIDGE POINTE	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEES, MADISON T	
STREET ADDRESS	1705 DARTMOUTH LANE	
CITY-ST-ZIP	DEERFIELD IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEES JAMISON, LESLIE C	
STREET ADDRESS	725 TANGLEWOOD TRAIL	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

IRVING B. LEES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT (770) 650-9383

Date

Daytime Phone # 0030404

CR2E037 (9/96)