## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600002618 (4)

THE WALTER R. AND SUSAN P. LOVEJOY CHARITABLE FO UNDATION, INC.

Principal Place of Business

Mailing Address

## FILED Jun 04 1997 8:00am Secretary of State



777 SOUTH FLAGLER DRIVE SUITE 200 WEST PALM BEACH FL 33401		777 SOUTH FLAGLER DRIVE SUITE 200 WEST PALM BEACH FL 33401-6161		3. Date Incorporated or Qualified 05/16/1996	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
241 Bradley Place		26 241 Bradley Place		65-0669040	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Palm Beach, FL		Crty & State 28 Palm Beach, FL		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip 33480 US 29 33480 3		Country 0	This corporation has liability for intangible tax under s. 199.032,     Florida Statutes		
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
					FL   85   Zip Code   33480
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 little if applicable. (NOTE Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	LOVEJOY, WALTER R		1.2 NAME		
STREET ADDRESS	11265 OLD HARBOR ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL 3340	8	1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	LOVEJOY, SUSAN P		2.2 NAME		
STREET ADDRESS	11265 OLD HARBOR ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL 3340		2. 4 CITY - ST - ZIP	<u> </u>	
TITLE	D OUALINOPY (LADOIOON I/	☐ DELETE	3.1 TITLE		Change Addition
NAME	CHAUNCEY, HARRISON K	NUITE AAA	3.2 NAME	241 Bradley Place	
STREET ADDRESS	777 SOUTH FLAGLER DRIVE, S WEST PALM BEACH FL 33401	SUITE 200	3.3 STREET ADDRESS	Palm Beach, Florida 334	80
CITY-ST-ZIP TITLE	WEST FALM BEACHTE 35401	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		Decere	4. 2 NAME		C orongo C residen
STREET ADDRESS		•	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CiTY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		the second secon	6.4 City - S1 - ZiP		

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 occiver 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.

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(B2F037 (9/96)