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FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002618 (4)

1. Corporation Name

THE WALTER R. AND SUSAN P. LOVEJOY CHARITABLE FOUNDATION, INC.



Principal Place of Business

Mailing Address

241 BARDLEY PLACE
PALM BEACH FL 33480
US

241 BARDLEY PLACE
PALM BEACH FL 33480
US

3. Date Incorporated or Qualified

05/16/1996

4. FEI Number

65-0669040

Applied For

Not Applicable

2. Principal Place of Business

21 11265 Old Harbour Rd.

Suite, Apt. #, etc.

22 Lost Tree Village

City & State

23 North Palm Beach, FL

Zip

24 33408

Country

25 USA

2a. Mailing Address

26 2015 Spring Rd.

Suite, Apt. #, etc.

27 STE 200

City & State

28 Oak Brook

Zip

29 60523

Country

30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOVEJOY, WALTER R
11265 OLD HARBOUR ROAD
LOST TREE VILLAGE
NORTH PALM BEACH FL 33408

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME LOVEJOY, WALTER R
STREET ADDRESS 11265 OLD HARBOR ROAD
CITY-ST-ZIP NORTH PALM BEACH FL 33408

1.1 TITLE P/Tr ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 11265 Old Harbour Road
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME LOVEJOY, SUSAN P
STREET ADDRESS 11265 OLD HARBOR ROAD
CITY-ST-ZIP NORTH PALM BEACH FL 33408

2.1 TITLE V/Tr ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 11265 Old Harbour Road
2.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME CHAUNCEY, HARRISON K
STREET ADDRESS 241 BRADLEY PLACE
CITY-ST-ZIP PALM BEACH FL 33480

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE S/T/Tr ☐ Change ☒ Addition

4.2 NAME Thomas A. Killoren
4.3 STREET ADDRESS 120 West State Street, STE 400
4.4 CITY-ST-ZIP Rockford, IL 61107

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address.

SIGNATURE Thomas A. Killoren Thomas A. Killoren 5/19/98 (815) 987-4040

CR2E037 (10/97)