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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N96000003528 (4)**

1. Corporation Name

FLORIDA PHILANTHROPY, INC.

Principal Place of Business	Mailing Address
1555 PALM BEACH LAKES BOULEVARD WEST PALM BEACH FL 33401	1555 PALM BEACH LAKES BOULEVARD WEST PALM BEACH FL 33401-2323

3. Date Incorporated or Qualified: 07/03/1996
3a. Date of Last Report:

2. Principal Place of Business — 21 | Suite, Apt. #, etc. — 22 | City & State — 23 | Zip — 24 | Country — 25

2a. Mailing Address — 26 | Suite, Apt. #, etc. — 27 | City & State — 28 | Zip — 29 | Country — 30

4. FEI Number: 65-0689282 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

RAY, WILLIAM E
1555 PALM BEACH LAKES BOULEVARD
WEST PALM BEACH FL 33401

10. **Name and Address of New Registered Agent**

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(S) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP				
PD RAY, WILLIAM E 1555 PALM BEACH LAKES BOULEVARD WEST PALM BEACH FL 33401	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	VCD PAYSON, JOHN W. 11870 S.E. Dixie Highway Hobe Sound, FL 33455	☐ Change ☒ Addition
CD MONTGOMERY, ROBERT M JR 1016 CLEARWATER PLACE WEST PALM BEACH FL 33401	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	STD Gorran, Jody A. 12593 Quercus Lane Wellington, FL 33414	☐ Change ☒ Addition
VCD MULLENS, JEFFREY I 777 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D ALEXANDER, H. DOUGLAS 2499 Windsor Way Court Wellington, FL 33414	☐ Change ☒ Addition
STD SCHUPP, SUSAN F 140 NORTH COUNTY ROAD PALM BEACH FL 33480	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D SCHUPP, SUSAN F. 140 NORTH COUNTY ROAD PALM BEACH, FL 33480	☒ Change ☐ Addition
	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

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: 3/6/97 (321)471-2901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0039239