

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

07/03/1996

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

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

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

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	PO	<input type="checkbox"/> DELETE
NAME	RAY, WILLIAM E	
STREET ADDRESS	1555 PALM BEACH LAKES BOULEVARD	
CITY- ST- ZIP	WEST PALM BEACH FL 33401	

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MONTGOMERY, ROBERT M JR	
STREET ADDRESS	1016 CLEARWATER PLACE	
CITY- ST- ZIP	WEST PALM BEACH FL 33401	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALEXANDER, H. DOUGLAS	
STREET ADDRESS	2499 WINDSOR WAY COURT	
CITY- ST- ZIP	WELLINGTON FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHUPP, SUSAN F	
STREET ADDRESS	140 NORTH COUNTY ROAD	
CITY- ST- ZIP	PALM BEACH FL	

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	PAYSON, JOHN W.	
STREET ADDRESS	11870 SE DIXIE HIGHWAY	
CITY- ST- ZIP	HOBE SOUND FL	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	GORRAN, JODY A	
STREET ADDRESS	12593 QUERCUS LANE	
CITY- ST- ZIP	WELLINGTON FL	

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 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:

SIGNATURE REQUIRED

4/21/98 (921) 471-2901

CP2E037 (10/97)