

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90008 031 ****61.25

DOCUMENT # N96000003528

1. Corporation Name

FLORIDA PHILANTHROPY, INC.

600208 - 90008 - 31

Principal Place of Business

1555 PALM BEACH LAKES BOULEVARD
WEST PALM BEACH FL 33401

Mailing Address

1555 PALM BEACH LAKES BOULEVARD
WEST PALM BEACH FL 33401



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

1414

23

City & State

24

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

1414

28

City & State

29

Zip

Country

30

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE PD ☐ DELETE

NAME RAY, WILLIAM E
STREET ADDRESS 1555 PALM BEACH LAKES BOULEVARD
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE CD ☐ DELETE

NAME MONTGOMERY, ROBERT M JR
STREET ADDRESS 1016 CLEARWATER PLACE
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE D ☒ DELETE

NAME ALEXANDER, H. DOUGLAS
STREET ADDRESS 2400 WINDSOR WAY COURT
CITY-ST-ZIP WELLINGTON FL

TITLE D ☒ DELETE

NAME SCHUPP, SUSAN F
STREET ADDRESS 140 NORTH COUNTY ROAD
CITY-ST-ZIP PALM BEACH FL

TITLE VCD ☒ DELETE

NAME PAYSON, JOHN W.
STREET ADDRESS 11870 SE DIXIE HIGHWAY
CITY-ST-ZIP HOBE SOUND FL

TITLE STD ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature: William E Ray 7/5/99 (561) 471-2901
Daytime Phone #

CR2E037 (5/99)