


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N96000004421 (1)**

1. Corporation Name

**THE STUDLEY FAMILY FOUNDATION, INC.**



Principal Place of Business

Mailing Address

**4702 FOUNTAINS DRIVE SOUTH #108  
LAKE WORTH FL 33467**

**4702 FOUNTAINS DRIVE SOUTH #108  
LAKE WORTH FL 33467-5113**

3. Date Incorporated or Qualified **08/23/1996** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

4. FEI Number **31-1479843** 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

10. Name and Address of New Registered Agent

**DONOFF, CRAIG  
6100 GLADES ROAD STE 204  
BOCA RATON FL 33434**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------------------|---|---|
| TITLE                      | PD                               | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>STUDLEY, LOUISE C</b>         | 1.2 NAME  |   |
| STREET ADDRESS             | <b>4702 FOUNTAINS DR SO #108</b> | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>LAKE WORTH FL 33467</b>       | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | SD                               | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>STUDLEY, GARSON II</b>        | 2.2 NAME  |   |
| STREET ADDRESS             | <b>4702 FOUNTAINS DR SO #108</b> | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>LAKE WORTH FL 33467</b>       | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TD                               | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>STUDLEY, DONALD M</b>         | 3.2 NAME  |   |
| STREET ADDRESS             | <b>4702 FOUNTAINS DR SO #108</b> | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>LAKE WORTH FL 33467</b>       | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 4.2 NAME  |   |
| STREET ADDRESS             |                                  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 5.2 NAME  |   |
| STREET ADDRESS             |                                  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 6.2 NAME  |   |
| STREET ADDRESS             |                                  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                  | 6.4 CITY-ST-ZIP                                       |   |

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 **DONALD M. STUDLEY** 1/30/97

CR2E037 (9/96)