## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N96000004421

THE STUDLEY FAMILY FOUNDATION, INC.

Principal Place of Business										
4702 FOUNTAINS LAKE WORTH FL		SOUTH	#108							

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

4702 FOUNTAINS DRIVE SOUTH #108 LAKE WORTH FL 33467

## **FILED** Feb 27, 1999 8:00 am **Secretary of State**

02-27-1999 90008 031 \*\*\*\*61.25

124099-90008-31 3. Date Incorporated or Qualifed 08/23/1996 4. FEI Number Applied For-31-1479843 Not Applicable

221		14'1					<del></del>					1
City & Stat	ө	28	City & State		5. Certifca	te of Status Desired		\$8.75 Fee Re	Additional equired			
Zip	Country	1201	Zip Country		6. Election	Campaign Financing	- M	\$5.00	May Be			
<u></u>	25)	29	30			Trust Fo	und Contribution		Added	to Fees	]	
9. Name and Address of Current Registered Agent					10. Name a	ind Address of New	Registered A	gent		1		
				81	Name	Ros	5 TRACOR	, 				
DONOFF, CRAIG			82	Street Addre		Number is Not Accept	able) .2. 4					
6100 GLA	DES ROAD STE 204				- 02		1000	N. HIATUS	KON	<u> </u>		┨
BOCA RA	TON FL 33434				83				•	•		(
	1				84	City A	1 600	PNES	FL	85 Zip	Code	
11. Pursuant to the provisions of Section 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 fobligations of, Section 617.0503, Florida Statutes.												
SIGNATURE	Signature, typed or privited name of registered agent at	nd title i	it applicable. (NOT	E: Registered	Agen	t signature required			DATE			وَ. إ
12.	OFFICERS AND	DIRE	CTORS	13.			ADDITIO	NS/CHANGES TO OF	FICERS AN	<del></del>		₹
TITLE	PD		☐ DELETE	1.1 11	TLE					Change	☐ Addition	5
NAME	STUDLEY, LOUISE C			1.2 N	AME							16
STREET ADDRESS	4702 FOUNTAINS DR SO #108			1.3 \$	REET	ADDRESS						ម្
CITY-ST-ZIP	LAKE WORTH FL 33467			1.4 C	TY-S1	r-Z!P						غ ا
TITLE	SD		☐ DELETE	2.1 TI	TLE	1		•		Change	☐ Addition	١١
NAME	STUDLEY, GARSON II			2.2 N	ME							1
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CITY-ST-ZIP	LAKE WORTH FL 33467			2.40	TY-S	T-ZIP		<u> </u>				ļ
TITLE	TO		☐ DELETE	3.1 77	TLE					Change	☐ Addition	1
NAME	STUDLEY, DONALD M			3.2 N	ME.		•					
STREET ADDRESS	4702 FOUNTAINS DR SO #108			3.3 \$	REET	ADDRESS						
CFTY-ST-ZIP	LAKE WORTH FL 33467			3.4. C	my-s	T-ZIP		<u> </u>		<u></u>		1
TITLE			☐ DELETE	4.1 TI	TLE					Change	Addition	
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TITLE			☐ DELETE	5.1 TI	TLE					Change	Addition	
NAME				5.2 N	AME							
STREET ADDRESS				5.3 S	REET	ADDRESS						1

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 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 correction 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 or director of one and attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

**SIGNATURE** 

TITLE

NAME

STREET ADDRESS

☐ DELETE

Change

Addition