


FILE NOW: FILING FEE IS \$61.25

FILED
May 07, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000005825					
1. Corporation Name RUTH AND BARON COLEMAN CHARITABLE FOUNDATION, IN C.					
Principal Place of Business 670 PAUL GRAVENHORST P.O. BOX 2388 FORT LAUDERDALE FL 33307 US			Mailing Address 1630 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33305		



2. Principal Place of Business 21 c/o Paul S. Gravenhorst		2a. Mailing Address 26 Suite, Apt. #, etc. ONE EAST BROWARD BLVD Suite 1300		3. Date Incorporated or Qualified 11/13/1996	
22 City & State FL. LAUDERDALE		28 City & State same		4. FEI Number 65-0711225	
23 Zip Fla		29 Country 93301 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent GRAVENHORST PAUL S 1630 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33305		10. Name and Address of New Registered Agent 81 Name Paul S. GRAVENHORST 82 Street Address (P.O. Box Number is Not Acceptable) HOLLAND & KNIGHT, LLP 83 ONE EAST BROWARD BLVD #1300 84 City Ft. Lauderdale FL 85 Zip Code 33301	
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11. Pursuant to the provisions of Sections 647.0502 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 617.0403, Florida Statutes.

SIGNATURE **Paul S. Gravenhorst** DATE **4/26/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, RUTH	1.2 NAME	
STREET ADDRESS	7383 ORANGEWOOD LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33443	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHEL, ROYCE C	2.2 NAME	
STREET ADDRESS	6420 EAST VALLEY COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37205	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWART, NANCY C	3.2 NAME	
STREET ADDRESS	P.O. BOX 9204 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON HOLE WY 83002	3.4 CITY-ST-ZIP	
TITLE	Paul S. GRAVENHORST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ONE EAST BROWARD BLVD	4.2 NAME	
STREET ADDRESS	Suite 1300, Ft. Lauderdale, FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	33301	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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

Date

Daytime Phone #

CR2E037 (11/98)