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NONPROFIT CORPORATION ANNUAL REPORT.

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600006125

Corporation Name

CUNNINGHAM FOUNDATION, INC.

Principal Place of Business
UNIT 9S
19950 BEACH ROAD
JUPITER ISLAND FL 33469

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

C/O SCHALLEUR & SURGENT LLC 237 LANCASTER AVE.. STE. 240 DEVON PA 19333

FILED Feb 06, 1999 8:00am Secretary of State

02-06-1999 90001 008 *****70.00



Date Incorporated or Qualifed

12/03/1996

52-2005535

4. FEI Number

23		28			or Corrected by Carles Booker	44	Fee Red	quired
Zip	Country	. Zip Country			6. Election Campaign Financing	_ \$	5.00	May Be
4	25	29 30			Trust Fund Contribution Added to Fees			
	9. Name and Address of Current F	Registered Agent			10. Name and Address of New	Registered Agen	it 🦈	
	2. 据证据证明的规则证		81	Name				
CT CORP	ORATION SYSTEM		82	O4 A A d d	(D.O. D N	- E-1-3	,	·
1200 SOUTH PINE ISLAND ROAD				Street Addr	ess (P.O. Box Number is Not Accept	able)		
	ION FL 33324		83					
LONING								
•			84	City		E1 85	Zip C	ode
7 (P	to the provisions of Sections 617.0502 a	and 047 4500. Florido Ctotato	- 1		e e fut a la securationes stollas.	FL	died its a	rainistared
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was au	thorized by t	he corporation	on's board of directors. I hereby acce	of the appointmen	nt as reg	istered
SIGNATURE			<u> </u>					
40	Signature, typed or printed name of registered agent as			signature required	when reinstating)	DATE	DECTO	3C IN 12
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF			
TITLE .	O INDIDIO I INDI	☐ DELETE	1.1 TITLE	<u> </u>		II.	Change	☐ Addition
NAME .	CUNNINGHAM, WILLIAM J		1.2 NAMÉ					
STREET ADDRESS	UNIT 95, 19950 BEACH RD.		1.3 STREET	ADDRESS				
CITY-ST-ZIP	JUPITER FL 33469		1.4 CITY-ST	ZIP			1.7	
TITLE	M	☐ DELETE	2.1 TITLE			. 🗆 (Change	Addition
NAME	DICAMILLO, CAROLE A		22 NAME					ar v
STREET ADDRESS	2638 KIRK AVE.		2.3 STREET	ADDRESS				
CITY-ST-ZIP	BROOMELK PA 19008		2. 4 CITY-ST	-ZIP				
TITLE	D	. DELETE	3.1 TITLE				Change	Addition
NAME	CUNNINGHAM, SONDRA C		3.2 NAME	1				
STREET ADDRESS	UNIT 95, 19950 BEACH RD.		3.3 STREET	ADDRESS				
CITY-ST-ZIP	JUPITER FL 33469		3.4. CITY-ST					•
TITLE	D	□ DELETE	4,1 TITLE			П	Change	Addition
	REPPERT, HEATHER C		4, 2 NAME	ŀ		-	•	
NAME STREET ADDRESS	UNIT 95, 19950 BEACH RD.		4.3 STREET	ADDRESS				
0.10,000.00	JUPITER FL 33469						()	
CITY-ST-ZIP TITLE	D -	☐ DELETE	4.4 CITY-ST-	ZP	, 311 3 1 2 a		hange	☐ Addition
	CUNNINGHAM, STEPHANIE P		5.1 TITLE 5.2 NAME		•	LI.	erial igo	LI FAGRICON
NAME			5.3 STREET	ADDOESS				
STREET ADDRESS	UNIT 95, 19950 BEACH RD.			- 1	A second			
CITY-ST-ZIP	JUPITER FL 33469	□ BELETE	5.4 CITY-ST- 6.1 TITLE	ZIP	<u></u>		Thomas -	
		☐ DELETE		1			Change	Addition
NAME			6.2 NAME					
STREET ADDRESS	A CAMPAGE AND A STATE OF THE ST		6.3 STREET	ADDRESS	•			,
CITY-ST-ZIP	E		6.4 CITY-ST-		•			
14. I hereby c	ertify that the information supplied with t	this filing does not qualify for	the exemption	n stated in S	ection 119.07(3)(i), Florida Statutes.	further certify th	at the in	formation

4. 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 tustee 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 po an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF FICER OR DIRECTOR

1-15-99

561-745-6546

Daytime Phone

Not Applicable

\$8.75 Additional

(11/98)