

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90162 026 \*\*\*\*70.00

**DOCUMENT # N96000006125**

1. Entity Name

**CUNNINGHAM FOUNDATION, INC.**



Principal Place of Business

UNIT 95  
19950 BEACH ROAD  
JUPITER ISLAND FL 33469

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-2005535**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CY CORPORATION SYSTEM  
1500 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

*Carole A. Camillo*

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

(NOTE: Registered Agent signature required when resigning)

*2-10-03*

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **CUNNINGHAM, WILLIAM J**  
STREET ADDRESS **UNIT 95, 19950 BEACH RD.**  
CITY-ST-ZIP **JUPITER FL 33469**

TITLE **M** ☐ Delete  
NAME **DICAMILLO, CAROLE A**  
STREET ADDRESS **2638 KIRK AVE.**  
CITY-ST-ZIP **BROOMELK PA 19008**

TITLE **D** ☐ Delete  
NAME **CUNNINGHAM, SONDR A**  
STREET ADDRESS **UNIT 95, 19950 BEACH RD.**  
CITY-ST-ZIP **JUPITER FL 33469**

TITLE **D** ☐ Delete  
NAME **REPPERT, HEATHER C**  
STREET ADDRESS **UNIT 95, 19950 BEACH RD.**  
CITY-ST-ZIP **JUPITER FL 33469**

TITLE **D** ☐ Delete  
NAME **CUNNINGHAM, STEPHANIE P**  
STREET ADDRESS **UNIT 95, 19950 BEACH RD.**  
CITY-ST-ZIP **JUPITER FL 33469**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)