

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90255 023 \*\*\*\*61.25

03-01-1999 90255 024 \*\*\*\*\*8.75

DOCUMENT # N97000000299

1. Corporation Name

DARTMOUTH FOUNDATION, INC.

Principal Place of Business

23123 S. STATE ROAD 7  
ANNEX  
BOCA RATON FL 33428  
US

Mailing Address

23123 S. STATE ROAD 7  
SUITE 340  
BOCA RATON FL 33428



2. Principal Place of Business

21 23123 So. State Rd. 7

Suite, Apt. #, etc.

22 305 B

City & State

23 Boca Raton, Florida

Zip

24 33428

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/21/1997

4. FEI Number

65-0743839

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

9. Name and Address of Current Registered Agent

MARSHALL, JOHN  
23123 S STATE ROAD 7  
ANNEX  
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

Marshall, John

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

23123 So. State Rd. 7

83

Suite 305 B

84 City

Boca Raton

FL

85 Zip Code

33428

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MCCLURE, ROBERT S.

STREET ADDRESS 236 WALTON HEATH

CITY-ST-ZIP ATLANTIS FL 33462

TITLE D ☒ DELETE

NAME LOCONTE, MICHAEL

STREET ADDRESS 5621 WINSTON PARK BLVD N

CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE D ☐ DELETE

NAME MARSHALL, JOHN

STREET ADDRESS 23123 S STATE ROAD 7, ANNEX

CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D/P

Marshall, John

23123 So. State Rd. 7

Boca Raton, Florida 33428

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Karen Pellegrino

1013 Green Pine Boulevard, G-2

West Palm Beach, FL 33409

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

*John Marshall*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/99

0043149

CR2E037 (1/98)