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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 # N97000000791

1. Corporation Name

THE BESSE & LOUIS M. BLEZNAK FOUNDATION, INC.

Principal Place of Business

960 N. OCEAN BLVD
PALM BEACH FL 33480

Mailing Address

960 N. OCEAN BLVD
PALM BEACH FL 33480



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
02/12/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0732061

Applied For
Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLEZNAK, ALAN D
960 OCEAN BLVD.
PALM BEACH FL 33480

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BLEZNAK, ALAN D.
STREET ADDRESS 960 OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL 33480

☐ DELETE

TITLE VPD
NAME SILVERSTEIN, PATRICIA B.
STREET ADDRESS 895 PARK AVE APT 9-C
CITY-ST-ZIP NEW YORK NY 10021

☒ DELETE

TITLE VPSD
NAME BLEZNAK, DANIEL
STREET ADDRESS 501 MUBLERRY LANE
CITY-ST-ZIP HAVERFORD PA 19041

☐ DELETE

TITLE TD
NAME FINLAYSON, III W
STREET ADDRESS 5105 N PARK DR
CITY-ST-ZIP PENNSAVKEN NJ 08109

☐ DELETE

TITLE D
NAME BLEZNAK, KATHLEEN H.
STREET ADDRESS 960 OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL 33480

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 a otherlike empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: May 12 1999

CR2E037 (1/1/98)