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**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90030 022 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000000878**

1. Corporation Name

**TRIPP FAMILY FOUNDATION, INC.**

Principal Place of Business

110 SE 6TH ST 15TH FL  
FORT LAUDERDALE FL 33301  
US

Mailing Address

110 SE 6TH ST 15TH FL  
FORT LAUDERDALE FL 33301  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

02/17/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0730801

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

23

28

Zip Country

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

**TRIPP, NORMAN D**  
**110 SE 6TH ST 15TH FL**  
**FORT LAUDERDALE FL 33301**

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 NORMAN D TRIPP  
STREET ADDRESS 110 SE 6TH ST 15TH FL  
CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ DELETE

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

TITLE STD  
NAME JANE G TRIPP  
STREET ADDRESS 110 SE 6TH ST 15TH FL  
CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ DELETE

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

TITLE D  
NAME CHRISTINE P YATES  
STREET ADDRESS 110 SE 6TH ST 15TH FL  
CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ DELETE

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

TITLE D  
NAME JENNIFER E WILLIS  
STREET ADDRESS 110 SE 6TH ST 15TH FL  
CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ DELETE

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

TITLE D  
NAME MICHAEL M TRIPP  
STREET ADDRESS 110 SE 6TH ST 15TH FL  
CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ DELETE

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**NORMAN S. TRIPP, DIRECTOR**  
**110 SE 6TH ST. 15TH FL**  
**FORT LAUDERDALE, FL 33301**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-525-7500

CR2E037 (1/98)