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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001287 (8)**

1. Corporation Name

VA RESEARCH FOUNDATION OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
7305 N MILITARY TRAIL (151) PALM BEACH GARDENS FL 33420	7305 N MILITARY TRAIL (151) PALM BEACH GARDENS FL 33420

3. Date Incorporated or Qualified

03/03/1997

4. FEI Number

65 0729845

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **7305 N. Military Trail (151)**
Suite, Apt. #, etc.

26 **7305 N. Military Trail (151)**
Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

22 City & State
West Palm Beach, FL

27 City & State
West Palm Beach, FL

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

23 Zip
33410-6400

24 Country
Palm Beach

28 Zip
33410-6400

29 Country
Palm Beach

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOWLING, RUTH
10,000 BAY PINES BLVD
BAY PINES FL 33744**

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

TITLE **D** ☒ DELETE

NAME **ISAAC, RICHARD D**
STREET ADDRESS **7305 N MILITARY TRAIL (151)**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33420**

TITLE **D** ☐ DELETE

NAME **VARA, JOHN R**
STREET ADDRESS **7305 N MILITARY TRAIL (151)**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33420**

TITLE **D** ☐ DELETE

NAME **SWISHER, ROBERT**
STREET ADDRESS **7305 N MILITARY TRAIL (151)**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33420**

TITLE **D** ☐ DELETE

NAME **LEWIS, TOM**
STREET ADDRESS **7305 N MILITARY TRAIL (151)**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33420**

TITLE **D** ☐ DELETE

NAME **SHERMAN, ALAN**
STREET ADDRESS **7305 N MILITARY TRAIL (151)**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33420**

TITLE **D** ☐ DELETE

NAME **COREY, THOMAS H**
STREET ADDRESS **7305 N MILITARY TRAIL (151)**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33420**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☒ Addition

1.2 NAME **Lucille W. Swanson**
1.3 STREET ADDRESS **7305 N. Military Trail (151)**
1.4 CITY-ST-ZIP **West Palm Beach, FL 33410-6400**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **West Palm Beach, FL 33410-6400**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **West Palm Beach, FL 33410-6400**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **West Palm Beach, FL 33410-6400**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **West Palm Beach, FL 33410-6400**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **West Palm Beach, FL 33410-6400**
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.

SIGNATURE: **Charles H. Fielder** Charles H. Fielder

3/16/98 (561) 882-6584

CR2E037 (10/97)