

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90066 027 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000001411

1. Corporation Name

BJ'S FOUNDATION, INC.

Principal Place of Business
521 EAST LAS OLAS BLVD.
FORT LAUDERDALE FL 33301

Mailing Address
521 EAST LAS OLAS BLVD.
FORT LAUDERDALE FL 33301



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/10/1997

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

65-0745280

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAMBLISS, LINDA
707 SE THIRD AVE. STE 101
FORT LAUDERDALE FL 33316

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 **D** ☐ DELETE

NAME **BUNTROCK, ELIZABETH H**
STREET ADDRESS **521 EAST LAS OLAS BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **BUNTROCK, CECILY**
STREET ADDRESS **521 EAST LAS OLAS BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

2.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **BUNTROCK, DANA**
STREET ADDRESS **1242 NO LAKESHORE DRIVE APT 17N**
CITY-ST-ZIP **CHICAGO IL 60610**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

STREET ADDRESS

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: **ELIZABETH H. BUNTROCK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH H. BUNTROCK

22 March 99

Date

523-4555

Daytime Phone #

CR2E037 (1/98)