

FILE NOW: FILING FEE IS \$61.25

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90167 021 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002256

1. Corporation Name

PLANGERE FOUNDATION, INC.

Principal Place of Business

3829 PARTRIDGE PL. S., QUAIL RIDGE
BOYNTON BEACH FL 33436

Mailing Address

3829 PARTRIDGE PL. S., QUAIL RIDGE
BOYNTON BEACH FL 33436



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/23/1997	
4. FEI Number 65-0747053		Applied For No: 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 PLANGERE, JULES L JR. 3829 PARTRIDGE PL. S., QUAIL RIDGE BOYNTON BEACH FL 33436			
10. Name and Address of New Registered Agent 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:

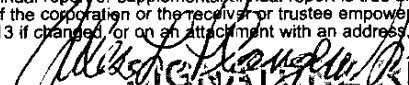
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PLANGERE, JULES L JR.	1.2 NAME	
STREET ADDRESS	3829 PARTRIDGE PL. S., QUAIL RIDGE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PLANGERE, JULES L III	2.2 NAME	
STREET ADDRESS	2805 WILLIAMSBURG DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WALL NJ 07719	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CONOVER, JOHN C III	3.2 NAME	
STREET ADDRESS	3223 RIDGEWOOD RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALLENWOOD NJ 08720	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CONOVER, JEFFREY S	4.2 NAME	
STREET ADDRESS	64 BLUEBERRY HILL LN.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HYANNIS MA 02601	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BICKART, WENDY J	5.2 NAME	
STREET ADDRESS	16 MEADOWS LN.	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN NJ 07712	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 a letter like empowered.

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, OR DIRECTOR

4/19/99 661-734-6482
Date Daytime Phone #

CR2E037 (11/98)