FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90167 021 ****61.25

0085599

DOCUMENT # N97000002256

1. Corporation Name

PLANGERE FOUNDATION, INC.

Principal Place of Business	Mailing Address
3829 PARTRIDGE PL. S., QUAIL RIDGE BOYNTON BEACH FL 33436	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 (25)

2a. Mailing Address (26)

Suite, Apt. #, etc. (27)

City & State (28)

Zip (29) Country (30)

3. Date Incorporated or Qualifed: 04/23/1997

4. FEI Number: 65-0747053 ☐ Applied For ☐ Not 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

CR2E037 (11/98)

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] **SIGNATURE REQUIRED** 4/19/99 561-734-1482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #