## **FILE NOW: FILING FEE IS \$61.25**

 NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700002973 (2)

FILED Aug 05 1998 8:00am Secretary of State

R. CATHLEEN COX MCFARLANE CHARITABLE FOUNDATION, INC.								
Principal Place of Business Mailing Address						. Marca Hārā rātiri i	<b>4984</b> (1)( <b>158</b> )	
223 PERUVIAN AVENUE 223 PERUVIAN AVENUE PALM BEACH FL 33480 PALM BEACH FL 33480					3. Date Incorporated or Qualified  05/21/1997		7	
ì					4. FEI Number	· VA	pplied For	┪
L						. N	ot Applicable	,]
2. Principal P	Place of Business	28. Mailing Address 28 456 Worth A	venue		5. Certificate of Status Desired	Fee Required		
Suite, Apt. #, etc.					6. Election Campaign Financing	\$5.00	May Be	
22		27			Trust Fund Contribution	Added		
City & State		City & State	<b>├</b> ¬		7. Is this nonprofit corporation a homeowners association?			ĺ
Zip	Country	28 Palm Reach,		ıntry				$\dashv$
24	25	33480	30	USA	This corporation owes or has paid the operation Properly Tax due June 30.		tangible DNo	1
24	9. Name and Address of Curre		[30]	1	10. Name and Address of New Registers			$\dashv$
				81 Name				7
RDORES	O CHISTAVE T ID							_
BROBERG, GUSTAVE T JR. 223 PERUMAN AVENUE				82 Street Ad	Idress (P.O. Box Number is Not Acceptable)			1
PALM BEACH FL 33480				83			<del></del>	1
I ALIII OI	LAOTTE OCTOR							4
				84 City	F	L  85   Zip	Code	ŀ
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statu	tes, the a	bove-named co	orporation submits this statement for the purpose	of changing i	is registered	1
office or r	registered agent, or both, in the Stat Im familiar with, and accept the obli	te of Florida. Such change was gations of, Section 617.0503, F	authorize Iorida Stat	d by the corpoi tutes	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	ppointment as	registered	
SIGNATURE		•						
	Signature, typed or printed name of registered a	·		d Agent signature re	quired when reinstating) DATE			15
12.	r <del></del>	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			CR2E037 (10/97)
TITLE	0	DELETE	1.1 TI			L Change	Addition	Ē
NAME	COX MCFARLANE, R. CATH	LEEN	1.2 N					ğ
STREET ADDRESS	223 PERUVIAN AVENUE		1	TREET ADDRESS				Щ
CITY-ST-ZIP	PALM BEACH FL 33480	DELETE		ITY-ST-ZIP		Change	Addition	- 뜻
TITLE	DETERMENT CHRISTI	T3 percie	2.1 T			C CHAIRSE	L Adoltion	ľ
NAME	PETERSON, CHRISSI		2.2 N	· ·				1
STREET ADDRESS	223 PERUVIAN AVENUE PALM BEACH FL 33480			TREET ADDRESS				
CITY-ST-ZIP TITLE	D DEACHTE 33400	☐ DELETE	3.1 7!	CITY-ST-ZIP		Change	Addition	┨
NAME	MEALEY, BRIDGET C	peccit_,	3.2 N					+-
STREET ADDRESS	223 PERUVIAN AVENUE		1	TREET ADDRESS				1
CITY-ST-ZIP	PALM BEACH FL 33480			ITY-ST-ZIP				
TITLE		DELETE	4.1 TI			Change	Addition	1
NAME			4.2 N	IAME				
STREET ADDRESS			4.3 \$1	TREET ADDRESS				1
CITY-SY-ZIP			4.4 0	ITY-ST-ZIP				
TITLE		DELETE	5.1 Ti			Change	Addition	1
NAME			5.2 N	AME				
STREET ADORESS			5.3 SI	TREET ADDRESS				
CITY-ST-ZIP		·	5.4 C	ITY-ST-ZIP				1
TITLE		DELETE	6.1 Tf	TLE		Change	☐ Addition	1
NAME			6.2 N	AME				1
STREET ADDRESS			6.3 ST	FREET ADDRESS				

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.

6.4 CITY - \$1 - ZIP

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