

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

**FILED**  
**Feb 05 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N97000003035 (9)**  
 1. Corporation Name  
**WILLIAM A. PETERS, SR. FOUNDATION, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>C/O GRANT, FRIDKIN &amp; PEARSON,<br/>                 5551 RIDGEWOOD DR. SUITE 501<br/>                 NAPLES FL 34108</b> | Mailing Address<br><b>C/O GRANT, FRIDKIN &amp; PEARSON,<br/>                 5551 RIDGEWOOD DR. SUITE 501<br/>                 NAPLES FL 34108</b> |
|--|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>05/22/1997</b>   |  |
| 4. FEI Number<br><b>65-6240304</b>   | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                       |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 28 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

**9. Name and Address of Current Registered Agent**  
**CROWN, HOWARD L  
 C/O GRANT, FRIDKIN & PEARSON,  
 5551 RIDGEWOOD DR, SUITE 501  
 NAPLES FL 34108**

**10. Name and Address of New Registered Agent**

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 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 *Howard L. Crown* (NOTE: Registered Agent signature required when reinstating) DATE **1/15/98**

**12. OFFICERS AND DIRECTORS**

|                |                                       |                                 |
|----------------|---------------------------------------|---------------------------------|
| TITLE          | <b>D</b>                              | <input type="checkbox"/> DELETE |
| NAME           | <b>PETERS, WILLIAM A SR</b>           |                                 |
| STREET ADDRESS | <b>2800 N PALM AIRE DRIVE</b>         |                                 |
| CITY-ST-ZIP    | <b>POMPANO BEACH FL 33069</b>         |                                 |
| TITLE          | <b>D</b>                              | <input type="checkbox"/> DELETE |
| NAME           | <b>PETERS, WILLIAM A JR</b>           |                                 |
| STREET ADDRESS | <b>323 MILL HILL RD</b>               |                                 |
| CITY-ST-ZIP    | <b>MILL NECK NY 11785</b>             |                                 |
| TITLE          | <b>D</b>                              | <input type="checkbox"/> DELETE |
| NAME           | <b>WASSELLE, ALYCE J</b>              |                                 |
| STREET ADDRESS | <b>4007 W TRADEWINDS AVE</b>          |                                 |
| CITY-ST-ZIP    | <b>LAUDERDALE BY THE SEA FL 33308</b> |                                 |
| TITLE          |                                       | <input type="checkbox"/> DELETE |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |
| TITLE          |                                       | <input type="checkbox"/> DELETE |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 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: *William A. Peters Sr* 1/6/97

CP2E037 (10/97)