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**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90235 027 \*\*\*\*66.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N97000007185**

1. Corporation Name

**THE JAMES R. KNOTT CHARITABLE FOUNDATION FOR HIS  
TORIC PRESERVATION, INC.**

Principal Place of Business

112 LUCINA DR.  
HYPOLUXO FL 33462

Mailing Address

112 LUCINA DR.  
HYPOLUXO FL 33462



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/29/1997

4. FEI Number

65-0803538

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

**MARTIN, ELIZABETH K  
112 LUCINA DR.  
HYPOLUXO FL 33462**

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

TITLE PD  
NAME KNOTT, JAMES R  
STREET ADDRESS 3800 WASHINGTON RD.  
CITY-ST-ZIP W. PALM BEACH FL 33405

☒ DELETE

TITLE VD  
NAME MARTIN, ELIZABETH K  
STREET ADDRESS 112 LUCINA DR.  
CITY-ST-ZIP HYPOLUXO FL 33462

☐ DELETE

TITLE SD  
NAME DOBSON, NANCY  
STREET ADDRESS 2227 RUADH DR.  
CITY-ST-ZIP TALLAHASSEE FL 32302

☐ DELETE

TITLE TD  
NAME STAMBAUGH, REGINALD J  
STREET ADDRESS 2707 N. FLAGLER DR.  
CITY-ST-ZIP W. PALM BEACH FL 33407

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**PRESIDENT (PD)**

☒ Change ☐ Addition

*same as block 12*

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 K. Martin* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99

Date

561-540-6246

Daytime Phone #

CR2E037 (11/98)