

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
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90016 028 ****61.25

DOCUMENT # N98000001493

1. Corporation Name

THE RALPH AND NANCY HOLDEN CHARITABLE FOUNDATION
, INC.

Principal Place of Business
969 A1A
HILLSBORO BEACH FL 33062

Mailing Address
969 A1A
HILLSBORO BEACH FL 33062



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/13/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0819397

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLDEN, RALPH
969 A1A
HILLSBORO BEACH FL 33062

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	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
1.2 NAME	RALPH HOLDEN	
1.3 STREET ADDRESS	969 A1A	
1.4 CITY-ST-ZIP	HILLSBORO BEACH, FLORIDA 33062	
2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
2.2 NAME	NANCY HOLDEN	
2.3 STREET ADDRESS	969 A1A	
2.4 CITY-ST-ZIP	HILLSBORO BEACH, FLORIDA 33062	
3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
3.2 NAME	ROBERT DUNGAN	
3.3 STREET ADDRESS	93 PAGE AVENUE	
3.4 CITY-ST-ZIP	ASHEVILLE, NORTH CAROLINA 28801	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

7-15-99

914-781-8004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)