

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90021 023 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N98000002172

1. Corporation Name
WILLIAM A. PETERS, SR. FAMILY FOUNDATION, INC.

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| Principal Place of Business 5551 RIDGEWOOD DR., STE. 501 NAPLES FL 34108 | Mailing Address 5551 RIDGEWOOD DR., STE. 501 NAPLES FL 34108 |
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| 2. Principal Place of Business 21 2800 No. PALMAIRE DR. Suite, Apt. #, etc. 22 # 306 City & State 23 POMPANO BEACH, FL Zip 24 33069 | 2a. Mailing Address 26 Suite, Apt. #: etc. 27 City & State 28 Zip 29 Country | 3. Date Incorporated or Qualified 04/13/1998 | 4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable \$8.75 Additional Fee Required | 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 9. Name and Address of Current Registered Agent BRADLEY, TODD L 5551 RIDGEWOOD DR., STE. 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 FL 85 Zip Code |
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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 | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME PETERS, WILLIAM A SR | | 1.2 NAME | |
| STREET ADDRESS 2800 N. PALM AIRE DR., #306 | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP POMPANO BEACH FL 33069 | | 1.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CROWN, HOWARD L | | 2.2 NAME | |
| STREET ADDRESS 5551 RIDGEWOOD DR., STE. 501 | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP NAPLES FL 34108 | | 2.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME PETERS, WILLIAM A III | | 3.2 NAME | |
| STREET ADDRESS 18 EAST LAUREL ROAD | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP STRATFORD NJ 08084 | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *William A. Peters III* **3/20/99 (954) 970-0465**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2F037 (11/98)