**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretory of State DIVISION OF CORPORATIONS

## Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90136 030 \*\*\*\*70.00

DOCUMENT #	N98000003445
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1. Corporation Name

THE PHEONIX FOUNDATION FOR CHILDREN, INC.

INCTH	LONIX FOORDATION FOIL O	THEOTICIS, INC.							•	
Principal Place	e of Business	Mailing Address			-					
Principal Place of Business  2090 PALM BEACH LAKES BOULEVARD  SUITE 700  WEST PALM BEACH FL 33409  Mailing Address  2090 PALM BEACH LAKES 6 SUITE 700  WEST PALM BEACH FL 33409  WEST PALM BEACH FL 33409					:					
<u> </u>	lace of Business	2a. Mailing Address				3. Date Incorporated or Qu 06/15/1998	palifed			]
21		26				4. FEI Number	-1	- I JAne	lied For	4
Suite, Apt. #, etc.						15-2844	448		Applicable	┨
City & State		City & State					110	\$8.75.A		1
23 City of State	-	28			į	5. Certificate of Status Des	ited 💢	Fee Rec		1
Zio	Country	Zip	Countr	у		6. Election Campaign Fina	ndng _	\$5.00	Aav Be	7
24	25	29	30			Trust Fund Contribution		Added to		Ĺ
	9. Name and Address of Current					10. Name and Address of	New Registere	d Agent		]
			81	Name						
MIN I BIAC	s, Joseph J		82	Street	Ar dree	s (P.O. Bo) Number is Not A	ccentable)			1
	ralian avenue south	•		300007	~K-U1 U3	4 (F.O. BOX 110011001 10 11017				1
			83	1						
SUITE 1100 WEST PALM BEACH FL 33401			84	City			F	85 Zip C	ode	ļ ·
11 Pursuant	to the provisions of Sections 617.0502	and 617 1508 Florida Statut	es, the abov	re-named	CC (DOC)	ation submits this statement	for the purpose	of changing its i	egistered	1
office care	to the provisions of Sections 617,0502 registered agent, or both, in the State or familiar with, and accept the obligation	f Florida. Such change was a	iutnonzea ov	une corpo	oration'	s board of directors. I hereby	accept the app	ointment as reg	stered	
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SIGNATURE							DATE			_
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	Registered Age		equired w		DATE O OFFICERS	IND DIRECTOR	S IN 12	(86)
SIGNATURE	Signature, typed or printed na ne of registered agent OFFICERS ANI	and title if applicable. (NOT	Registered Age			ADDITIONS/CHANGE&		IND DIRECTOR	S IN 12	(11/98)
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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 indicative 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 danged, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS