Applied For

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N98000006476

DONALD A. BURNS FOUNDATION, INC.

Princi	pai M	ace o	busii	less
450 R	OYAL	PALM	WAY	#450
PALM	BEAC	H FL	33480	

2. Principal Place of Business

Mailing Address

2a. Mailing Address

26

450 ROYAL PALM WAY #450 PALM BEACH FL 33480

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90092 008 ****61.25

3. Date incorporated or Qualifed

11/13/1998

4. FEI Number

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		pplied For
22		27			65-087-0379		ot Applicable
City & State	•	City & State			5. Certificate of Status Desired		Additional equired
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Be
24	[25]	29 30			Trust Fund Contribution	,	to Fees
	9. Name and Address of Current		' 		10. Name and Address of New Registe	red Agent	
			81	Name		-	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			CO CO LANGUAGO DO ANTON IN MANAGEMENTO				
			82 Street Address (P.O. Box Number is Not Acceptable) 83				
						84	City
44 0	to the provinces of Sections 617 0503	and 617 1508 Florida Statutes	the above	-named	corporation submits this statement for the purpos	e of changing it	s registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autho	orized by t	ine corpo	oration's board of directors. I hereby accept the a	ppointment as re	egistered
SIGNATURE					required when reinstating) DAT	 	
12.	Signature, typed or printed name of registered agent OFFICERS ANI		gistered Agent	signature n	required when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:		ORS IN 12
		DELETE	1.1 TITLE	Р	DONALD A. BURNS	☐ Change	X X Addition
TITLE	D SUBSIGNATION	DELETE		- 1	1		G
NAME	BURNS, DONALD A		1.2 NAME		1021 N. Ocean Blvd.	<u>.</u>	,
STREET ADDRESS	1021 N. OCEAN BOULEVARD		1.3 STREET		Palm Beach, FL 3348	0	
CITY-ST-ZIP	PALM BEACH FL 33480		1.4 CITY-ST	-ZIP		☐ Change	X Addition
TITLE	D	☐ DELETE	2.1 TTTLE		VP Leslie L. Merrick		LA AQUILLON
NAME	MERRICK, LESLIE L	ı	2.2 NAME		2716 Stanford	Andrew States of the Paris	
STREET ADDRESS	2716 STANFORD		2.3 STREET	ADDRESS	Dallas, TX 75225		į
CITY-ST-ZIP	DALLAS TX 75225		2. 4 CITY-S	r-zip			F7 4 1 177
TITLE	D	☐ DELETE	3.1 TITLE		T	☐ Change	x{x}Addition
NAME	MERRICK, NICHOLAS N		3.2 NAME		Nicholas N. Merrick		
STREET ADDRESS	2716 STANFORD		3.3 STREET	ADDRESS	2716 Stanford		
CITY-ST-ZIP	DALLAS TX 75225		3.4. CITY-S	r-ZIP	Dallas, TX 75225		
TITLE		☐ DELETE	4.1 TITLE		S	☐ Change	XX Xddition
NAME			4, 2 NAME		Carol Cottone		
STREET ADDRESS			4.3 STREET	ADDRESS	450 Royal Palm Way Palm Beach, FL 3348	Suite	450
CITY-ST-ZIP			4.4 CITY-ST	-ZIP	raim seach, FL 3348	<u>U</u> .	
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				ŀ
STREET ADDRESS		ļ	5.3 STREET	ADDRESS			Ì
CITY-ST-ZIP		1	5.4 CITY-ST	-ZIP		<u>. </u>	
TITLE		☐ DELETE	6.1 TITLE			- ☐ Change	☐ Addition
NAME			6.2 NAME			•	
STREET ADDRESS			6.3 STREET	ADDRESS			
•			6.4 CITY-ST	-ZiP			j
14. I hereby o	certify that the information supplied wit	h this filing does not qualify for th			d in Section 119.07(3)(i), Florida Statutes. I furthe	r 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 a Nattachment with an address with all other like empowered.

SIGNATURE:

1-29-99

561-655-7550