

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**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90137 043 \*\*\*\*70.00

**DOCUMENT # N98000007322**

1. Corporation Name

**THE KING/LAGEMAN FOUNDATION, INC.**

Principal Place of Business

2907 FOREST CIRCLE  
JACKSONVILLE FL 32257

Mailing Address

2907 FOREST CIRCLE  
JACKSONVILLE FL 32257



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 56003

Suite, Apt. #, etc.

27 City & State

28 Jacksonville, Florida

29 Zip Country

30 32241-6003

USA

3. Date Incorporated or Qualified

12/29/1998

4. FEI Number

59-3548092

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

LEAS, MICHAEL R  
1 INDEPENDENT DRIVE  
SUITE 2600  
JACKSONVILLE FL 32202

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	D	<input type="checkbox"/> DELETE
NAME	LAGEMAN, DAVID K	
STREET ADDRESS	43958 ROCHELLE COURT	
CITY-ST-ZIP	ASHBURN VA 20147	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAGEMAN, SCOTT A	
STREET ADDRESS	43958 ROCHELLE COURT	
CITY-ST-ZIP	ASHBURN VA 20147	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAGEMAN, JEFFREY D	
STREET ADDRESS	2907 FOREST CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAGEMAN, CAROLE A	
STREET ADDRESS	11125 LAKESPRAY WAY	
CITY-ST-ZIP	RESTON VA 20191	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GENDREAU, COLLEEN R	
STREET ADDRESS	11125 LAKESPRAY WAY	
CITY-ST-ZIP	RESTON VA 20191	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, MICHAEL T	
STREET ADDRESS	905 NORTHERN DANCER WAY #203	
CITY-ST-ZIP	CASSELBERRY FL 32707	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lageman, Jeffrey D
3.3 STREET ADDRESS	2907 Forest Circle
3.4 CITY-ST-ZIP	Jacksonville, FL 32257
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lageman, Carole A
4.3 STREET ADDRESS	11125 Lakespray Way
4.4 CITY-ST-ZIP	Reston, VA 20191
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Davis, Michael T.
6.3 STREET ADDRESS	905 Northern Dancer Way #203
6.4 CITY-ST-ZIP	Casselberry, FL 32707

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

(904) 448-0118

CR2E037 (11/98)

N98000007322

401232-901374

**THE KING/LAGEMAN FOUNDATION, INC.**  
**1999 Nonprofit Corporation Annual Report**

Continuation of Blocks 12 and 13

Block 12:

TD  
Gerard A. Klingman  
405 Lexington Avenue  
24th Floor  
New York, NY 10174

Block 13 (Additions/Changes):

(Addition)

121864