

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00061 (2)

1. Corporation Name

THE JOE AND EMILY LOWE FOUNDATION, INC.



Principal Place of Business

Mailing Address

**249 ROYAL PALM WAY
PALM BEACH FL 33480**

**249 ROYAL PALM WAY
PALM BEACH FL 33480**

3. Date Incorporated or Qualified
11/21/1983

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

13-6121361

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STERN, BERNARD
2784 S. OCEAN BLVD
(103-S)
PALM BEACH FL 33480**

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 true if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input type="checkbox"/> DELETE
NAME	STERN, BERNARD	
STREET ADDRESS	2784 S. OCEAN BLVD., (103-S)	
CITY-STATE-ZIP	PALM BEACH FL 33480	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HAUBEN, HELEN G	
STREET ADDRESS	123 LAKESHORE DRIVE #1644	
CITY-STATE-ZIP	NORTH PALM BEACH FL 33408	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FOGELSON, GERTRUDE	
STREET ADDRESS	1 NO. BREAKERS ROW, APT 141	
CITY-STATE-ZIP	PALM BEACH FL 33480	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LIMAN, ELLEN	
STREET ADDRESS	1060 FIFTH AVENUE	
CITY-STATE-ZIP	NEW YORK NY 10028	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	Trustee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HAUBEN, DAVID M
2.3 STREET ADDRESS	123 Lakeshore Drive #1644
2.4 CITY-STATE-ZIP	North Palm Beach, FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	Trustee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HAUBEN, Bruce M
3.3 STREET ADDRESS	61 Wheeler Road
3.4 CITY-STATE-ZIP	Stow, MA 01775
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Bernard Stern
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bernard Stern, Trustee

January 19, 1996, (407) 655-7001

Date

Daytime Phone

CR2E037 (12/95)