

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 # **P04170**

(7)

1. Corporation Name

THE MCINTOSH FOUNDATION



Principal Place of Business

Mailing Address

**215 FIFTH STREET
SUITE 300
WEST PALM BEACH FL 33401**

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SUITE 300
WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified
11/28/1984

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

13-6096459

Applied For
Not Applicable

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24

25

Country

29

30

Country

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

**MCINTOSH, MICHAEL A.
SUITE 100
215 FIFTH STREET
WEST PALM BEACH FL 33401**

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 ☐ DELETE

NAME **PD
MCINTOSH, MICHAEL A.**
STREET ADDRESS **215 FIFTH ST., SUITE 100**
CITY - ST - ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE

NAME **VTD
MCINTOSH, PETER**
STREET ADDRESS **P. O. BOX 218, 247 BL RK**
CITY - ST - ZIP **REDDING RIDGE, CN**

TITLE ☐ DELETE

NAME **VD
MCINTOSH, JOAN**
STREET ADDRESS **P. O. BOX 218, 274 BL RK**
CITY - ST - ZIP **REDDING RIDGE, CN**

TITLE ☐ DELETE

NAME **SD
TERRY, FREDERICK A., JR.**
STREET ADDRESS **250 PARK AVENUE**
CITY - ST - ZIP **NEW YORK NY**

TITLE ☐ DELETE

NAME **SD
MCINTOSH, WINSOME (ASST)**
STREET ADDRESS **215 FIFTH ST., SUITE 100**
CITY - ST - ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - 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:

Michael McIntosh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 1996 407-832
Date Daytime Phone # 8845

CR2E037 (12/95)