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**Feb 03 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



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** **215 FIFTH STREET
SUITE 300
WEST PALM BEACH FL 33401-4010**

3. Date Incorporated or Qualified **11/28/1984** 3a. Date of Last Report **04/24/1996**

2. Principal Place of Business 2a. Mailing Address
21 4003 Dutchess Court **26 4003 Dutchess Court**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **13-6096459** Applied For
Not Applicable

22 City & State 27 City & State
23 Tallahassee, FL 32308 **28 Tallahassee, FL 32308**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip 25 Country 29 Zip 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 4003 Dutchess Court
84 City **Tallahassee** **FL** 85 Zip Code **32308**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD <input type="checkbox"/> DELETE
NAME	MCINTOSH, MICHAEL A.
STREET ADDRESS	215 FIFTH ST., SUITE 100
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	VTD <input type="checkbox"/> DELETE
NAME	MCINTOSH, PETER
STREET ADDRESS	P. O. BOX 218, 247 BL RK
CITY-ST-ZIP	REDDING RIDGE, CN
TITLE	VD <input type="checkbox"/> DELETE
NAME	MCINTOSH, JOAN
STREET ADDRESS	P. O. BOX 218, 274 BL RK
CITY-ST-ZIP	REDDING RIDGE, CN
TITLE	SD <input type="checkbox"/> DELETE
NAME	TERRY, FREDERICK A., JR.
STREET ADDRESS	250 PARK AVENUE
CITY-ST-ZIP	NEW YORK NY
TITLE	SD <input type="checkbox"/> DELETE
NAME	MCINTOSH, WINSOME (ASST)
STREET ADDRESS	215 FIFTH ST., SUITE 100
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4003 Dutchess Court
1.4 CITY-ST-ZIP	Tallahassee, FL 32308
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	4003 Dutchess Court
5.4 CITY-ST-ZIP	Tallahassee, FL 32308
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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* **1/22/97** **904-893-8653**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037895

CR2E037 (9/96)