

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P28912** (4)

1. Corporation Name
THE LOIS B. POPE FOUNDATION, INC.



Principal Place of Business
**PLAZA DEL MAR SHOPPING CENTER
252 S OCEAN BLVD
MANALAPAN FL 33462**

Mailing Address
**PLAZA DEL MAR SHOPPING CENTER
252 S OCEAN BLVD
MANALAPAN FL 33462**

3. Date Incorporated or Qualified
04/16/1990

3a. Date of Last Report
02/03/1995

4. FEI Number
13-3542769

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**POPE, LOIS B.
1370 S. OCEAN BLVD.
MANALAPAN FL 33462**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	C, D	<input type="checkbox"/> DELETE
NAME	POPE, LOIS B	
STREET ADDRESS	1370 S OCEAN BOULEVARD	
CITY-ST-ZIP	MANALAPAN FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BERRODIN, ANASTASIA M.	
STREET ADDRESS	1370 S. OCEAN BLVD.	
CITY-ST-ZIP	MANALAPAN FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, ROBERT C.	
STREET ADDRESS	405 LEXINGTON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BERRODIN, FRANK	
STREET ADDRESS	%STATE & BURMONT STREETS	
CITY-ST-ZIP	DREXEL HILL PA	
TITLE	P, D	<input type="checkbox"/> DELETE
NAME	POPE, PAUL	
STREET ADDRESS	5554A NORTH OCEAN AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ELSA G. JOHNSON	
STREET ADDRESS	1900 Glades Road - Suite 441	
CITY-ST-ZIP	Boca Raton, FL 33431	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RITTER, MICHELE	
1.3 STREET ADDRESS	266 Cactus Court	
1.4 CITY-ST-ZIP	Boulder, CO 80304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MILLER, ROBERT C.	
2.3 STREET ADDRESS	200 Park Avenue	
2.4 CITY-ST-ZIP	New York, NY 10166	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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*****\$1.25**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E037 (12/95)

4-2-96