## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary State

DIVISION OF CORPORATIONS

**DOCUMENT** #

P28912

(4)

FILED						
Feb 18 1998 8:00am						
Secretary of State						

THE LO	DIS B. POPE FOUNDATION,	INC. Mailing Address			
<b>\</b>			A A CENTER		
PLAZA DEL MAR SHOPPING CENTER PLAZA DEL MAR SHOPPING 252 \$ OCEAN BLVD 252 \$ OCEAN BLVD			CENIER	3. Date Incorporated or Qualified	
MANALAPAN FL 33462 MANALAPAN FL 33462		MANALAPAN FL 33462		04/16/1990 4. FEI Number	Applied For
				13-3542769	Applied For Not Applicable
2. Principal Pi	lace of Business	2a. Mailing Address			\$8.75 Additional
21		28		5. Certificate of Status Desired	Fee Required
Suite, Apt.	₩, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowner	
23		28	Country	<del></del>	∐ No
Zip	Country	Zip	Country 30	This corporation owes or has paid the cu     Personal Property Tay due two 20	urrent year Intangible  Yes No
24	9. Name and Address of Current		30]	Personal Property Tax due June 30.  10. Name and Address of New Registered	
			81 Name		
POPE, L	OIS B				
	OCEAN BLVD.		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
1	NPAN FL 33462		83		
			84 City		85 Zip Code
			1, 1, 2	FI	_ 1 1 / 1 1
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Floride Statutes	s, the above-named c	orporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing its registered
agent. I a	agistered agent, or both, in the State t in familiar with, and accept the obligat	of Florida, Such change was at tions of, Section 617.0503, Flor	ithorized by the corpo ida Statutes.	pration's board or directors. I hereby accept the ap	pointment as registered
SIGNATURE					
	Signature typed or printed name of registimed agen		Registered Agent signature re		
12.	OFFICERS AND	<del></del>	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	CD CD	L_] DELETE	1.1 TITLE		☐ Charige ☐ Addition
NAME	POPE, LOIS B		1.2 NAME		
STREET ADDRESS	1370 S OCEAN BOULEVARD MANALAPAN FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VOD VOD	DELETE	1.4 CITY - ST - ZIP 2 1 TITLE		Change Addition
NAME	RITTER, MICHELE	• DELL'IL	22 NAME		
STREET ADDRESS	266 CACTUS COURT		2.3 STREET ADDRESS		
1 1	BOULDER CO 80304		B 1		,
CITY-ST-ZIP TITLE	S 5	DELETE	2. 4 CtTY-ST-ZIP 3.1 TITLE		Change Addition
NAME	MILLER, ROBERT C.	_	3.2 NAME		
STREET ADDRESS	200 PARK AVENUE		3.3 STREET ADDRESS		Ĭ
CITY-ST-ZIP	NEW YORK NY 10166	_	3.4. CITY-ST-ZIP		
TITLE	PD	DELETE	4.1 TITLE		Change Addition
NAME	POPE, PAUL		4. 2 NAME		
STREET ADDRESS	5554A NORTH OCEAN AVENU	IE .	4 3 STREET ADDRESS		ĺ
CITY-ST-ZIP	BOYNTON BEACH FL		4.4 CiTY+ST-ZIP		
TITLE	1	☐ DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	JOHNSON, ELSA G		5.2 NAME		ļ
STREET ADDRESS	1900 GLADES ROAD-SUITE 44	l <b>1</b>	5.3 STREET ADDRESS		
CITY-ST-ZW	BOCA RATON FL 33431	· · · · · · · · · · · · · · · · · · ·	5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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 area in ment with an officer.