

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

*Amended*

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

DOCUMENT # P95000066640  
1. Corporation Name

INTERCOUNTY FOUNDATION, INC.

Principal Place of Business  
**2300 NW 16th Street  
Pompano Beach, FL 33069**

Mailing Address  
**2300 NW 16th Street  
Pompano Beach, FL 33069**

3. Date Incorporated or Qualified  
**8-28-95**

3a. Date of Last Report  
**1-24-97**

4. FEI Number  
**65-0604141**

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

**Walter E Messer  
825 NW 47th Street  
Pompano Beach, FL 33064**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and filed if applicable (If "O" Registered Agent's signature required when reissuing) DATE

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|---------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                 | 1.2 NAME                                              | <b>President</b>                                                             |
| STREET ADDRESS             |                                 | 1.3 STREET ADDRESS                                    | <b>Rutherford H Hewitt Jr.</b>                                               |
| CITY - ST - ZIP            |                                 | 1.4 CITY - ST - ZIP                                   | <b>10660 NW 38th Street<br/>Coral Springs, FL 33065</b>                      |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME                                              | <b>Vice President</b>                                                        |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    | <b>Walter E Messer</b>                                                       |
| CITY - ST - ZIP            |                                 | 2.4 CITY - ST - ZIP                                   | <b>825 NW 47th Street<br/>Pompano Beach, FL 33064</b>                        |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            |                                 | 3.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            |                                 | 4.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            |                                 | 5.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            |                                 | 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Walter Messer* 11-17-97 954 970-7453  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

97 NOV 21 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E034 (9/96)