

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741220

**Entity Name:** FIRST PRESBYTERIAN FOUNDATION OF BOCA RATON, FLORIDA, INC.

**FILED**  
**Apr 23, 2018**  
**Secretary of State**  
**CC9287650163**

**Current Principal Place of Business:**

600 WEST CAMINO REAL  
BOCA RATON, FL 33486-2523

**Current Mailing Address:**

600 WEST CAMINO REAL  
BOCA RATON, FL 33486-2523 US

**FEI Number: 59-1778407**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LEE, RICHARD O  
3975 NW 25TH WAY  
BOCA RATON, FL 33434-4440 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE: RICHARD LEE**

**04/23/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CORRESPONDING SECRETARY  
Name ALLISON, SHARON  
Address 455 THATCH PALM DR  
City-State-Zip: BOCA RATON FL 33432-7526

Title TREASURER  
Name WALTERS, MARK  
Address 1300 SW 11TH STREET  
City-State-Zip: BOCA RATON FL 33486

Title PRESIDENT  
Name LEE, RICHARD O  
Address 3975 NW 25TH WAY  
City-State-Zip: BOCA RATON FL 33434-4440

Title DIRECTOR  
Name MCNABOE, DOLORES  
Address 411 E ROYAL PALM RD  
City-State-Zip: BOCA RATON FL 33432-5027

Title VP  
Name ROSS, KATY  
Address 551 NW 10TH CT  
City-State-Zip: BOCA RATON FL 33486-3444

Title DIRECTOR  
Name BURCH, RICHARD  
Address 1530 SW 8TH AVE  
City-State-Zip: BOCA RATON FL 33486-6921

Title DIRECTOR  
Name BALSER, ANDY  
Address 3040 HAMPTON PL  
City-State-Zip: BOCA RATON FL 33434-5322

Title DIRECTOR  
Name WILMOT, SUE  
Address 191 SE 20TH AVE  
APT 212  
City-State-Zip: DEERFIELD BEACH FL 33441

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARK WALTERS**

**TREASURER**

**04/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            MOUSSEAU, MARK  
Address        1561 SW 4TH AVE  
City-State-Zip: BOCA RATON FL 33432

Title            DIRECTOR  
Name            DEGENHART, ANN  
Address        12625 BARWICK RD  
City-State-Zip: BOYNTON BEACH FL 33436