

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741220

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

**FILED**  
**Feb 16, 2023**  
**Secretary of State**  
**6523995671CC**

**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:**

SCHATZ, NANCY K  
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: NANCY K. SCHATZ**

**02/16/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, SCHOLARSHIP  
CHAIRMAN

Name HARTOFILIS, NICK

Address 2120 NW 25TH STRET

City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR, CORRESPONDING  
SECRETARY

Name VIETS, KRISTIN

Address 1360 SUGAR PLUM DRIVE

City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR, PRESIDENT

Name DEGENHART, ANN

Address 12625 BARWICK RD

City-State-Zip: BOYNTON BEACH FL 33436

Title DIRECTOR

Name HOUSTON, LYN

Address 600 WEST CAMINO REAL

City-State-Zip: BOCA RATON FL 33486-2523

Title DIRECTOR

Name MAGUIRE, TERRY

Address 600 WEST CAMINO REAL

City-State-Zip: BOCA RATON FL 33486-2523

Title DIRECTOR, VP

Name LEWIS, CHARLOTTE

Address 600 WEST CAMINO REAL

City-State-Zip: BOCA RATON FL 33486-2523

Title DIRECTOR, TREASURER

Name SCHATZ, NANCY K.

Address 6152 VERDE TRAIL N  
APT. C110

City-State-Zip: BOCA RATON FL 33433

Title DIRECTOR

Name TUNIS, TRAVIS

Address 1899 ISABEL ROAD OESTE

City-State-Zip: BOCA RATON FL 33486

*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: NANCY SCHATZ**

**DIRECTOR, TREASURER 02/16/2023**

Electronic Signature of Signing Officer/Director Detail

Date