

**2020 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 741220

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

**FILED**  
**Jan 27, 2020**  
**Secretary of State**  
**4983942918CR**

**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**

**01/27/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER, DIRECTOR  
Name           ALLISON, DON  
Address        455 THATCH PALM DRIVE  
City-State-Zip: BOCA RATON FL 33432

Title           DIRECTOR  
Name           HARTOFILIS, NICK  
Address        2120 NW 25TH STRET  
City-State-Zip: BOCA RATON FL 33431

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

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

Title           CORRESPONDING SECRETARY,  
                  DIRECTOR  
Name           VIETS, KRISTIN  
Address        1360 SUGAR PLUM DRIVE  
City-State-Zip: BOCA RATON FL 33486

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

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

Title           DIRECTOR  
Name           BAKER, JAMES  
Address        8919 AGLIANA CIRCLE  
City-State-Zip: BOYNTON BEACH FL 33472

**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: DON ALLISON**

**DIRECTOR, TREASURER   01/27/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            SEGIEN, JANNA  
Address        1085 TAMARIND WAY  
City-State-Zip: BOCA RATON FL 33486