2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000004807

Entity Name: SAMUEL I. RUSSELL FOUNDATION, INC.

FILED Apr 10, 2015 **Secretary of State** CC8756776525

Current Principal Place of Business:

312 ROSERY ROAD BELLEAIR, FL 33756

Current Mailing Address:

312 ROSERY ROAD BELLEAIR, FL 33756

FEI Number: 45-5310467 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BELLEAIR FL 33756

MEDINAH IL 60157

RISSELL, SAMUEL IJR 312 ROSERY ROAD BELLEAIR, FL 33756 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:

City-State-Zip:

City-State-Zip:

Date Electronic Signature of Registered Agent

Officer/Director Detail :

Title **PRESIDENT** Title DIRECTOR

Name RUSSELL, SAMUEL I. JR. Name KUHNS, MARK D. CGCS 312 ROSERY ROAD DIRECTOR OF GROUNDS Address Address

BALTUSROL GOLF CLUB 201

SHUNPIKE ROAD

SPRINGFIELD NJ 07081 City-State-Zip: Title DIRECTOR

SHAFFER, MATTHEW G. CGCS Name VΡ Title

Address DIRECTOR OF GOLF COURSE Name TAYLOR, NORMAN F.

> **OPERATIONS** MERION GOLF CLUB 450 ARDMORE

Address TAYLOR AND ASSOCIATES 425 W BROADWAY SUITE 220 **AVFNUF**

GLENDALE CA 91204 City-State-Zip: ARDMORE PA 19003 City-State-Zip:

Title DIRECTOR Title SECRETARY, TREASURER

CHRISTIAN, RICHARD E. JR., CGCS Name LINDLEY, BRIAN Name

Address GOLF COURSE SUPERINTENDENT Address 3221 SEAVIEW AVENUE

PINE VALLEY GOLF CLUB EAST City-State-Zip: CORONA DEL MAR CA 92625 ATLANTIC AVENUE

City-State-Zip: PINE VALLEY NJ 08021

Title DIRECTOR Title **DIRECTOR**

TYRRELL, CURTIS CGCS, MG Name Name TAYLOR, ANTHONY CGCS Address

DIRECTOR GOLF COURSE OPERATIONS

Address 22/581 SRINAKARIN ROAD MEDINAH CC 6N001 MEDINAH ROAD

City-State-Zip: BANGPLEE SAMUTH PRAKARN

10450

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.

04/10/2015 SIGNATURE: SAMUEL I. RUSSELL, JR. **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date