

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002973

**Entity Name:** R. CATHLEEN COX MCFARLANE CHARITABLE FOUNDATION, INC.**FILED**  
**Feb 05, 2013**  
**Secretary of State**  
**CC4512461575****Current Principal Place of Business:**622 NORTH FLAGLER DRIVE  
201  
WEST PALM BEACH, FL 33401**Current Mailing Address:**700 SOUTH DIXIE HIGHWAY  
SUITE 110  
WEST PALM BEACH, FL 33401 US**FEI Number: 65-0856300****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**O'CONNELL, BRIAN M  
515 NORTH FLAGLER DRIVE  
1800  
WEST PALM BEACH, FL 33401 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	D, P
Name	ROSS, WALTER M
Address	622 NORTH FLAGLER DRIVE, #201
City-State-Zip:	WEST PALM BEACH FL 33401

Title	D, S
Name	PETERSON, CHRISTY
Address	632 EAST OCEAN AVENUE
City-State-Zip:	BOYNTON FL 33435

Title	D
Name	HEALEY, BRIDGET C
Address	4122 LAKESPUR CIRCLE SOUTH
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	D
Name	SMITH, JEFFREY
Address	622 NORTH FLAGLER DRIVE #201
City-State-Zip:	WEST PALM BEACH FL 33401

Title	D, T
Name	COLEMAN, DENIS P
Address	662 ISLAND DRIVE
City-State-Zip:	PALM BEACH FL 33480

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: WALTER ROSS****PRESIDENT****02/05/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date