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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717689

1. Corporation Name

AMERICAN KIDNEY FOUNDATION, INCORPORATED

Principal Place of Business

412 VENETIAN DRIVE
CLEARWATER FL 34615
US

Mailing Address

412 VENETIAN DRIVE
CLEARWATER FL 34615
US

168187 90217 024



2. Principal Place of Business

21 **314 Venetian Dr**

Suite, Apt. #, etc.

22

City & State

23 **Clearwater FL**

Zip

24 **33755**

Country

2a. Mailing Address

26 **P.O. Box 2235**

Suite, Apt. #, etc.

27

City & State

28 **Clearwater FL**

Zip

29 **33757**

Country

3. Date Incorporated or Qualified

12/08/1969

4. FEI Number

23-7049615

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ARCHER, JOHN
412 VENETIAN DRIVE
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name

John Archer

82 Street Address (P.O. Box Number is Not Acceptable)

83 **314 Venetian Dr**

84 City

Clearwater

FL

85 Zip Code

33755

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **John Archer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **STD**
ARCHER, JOHN
STREET ADDRESS **412 VENETIAN DRIVE**
CITY-ST-ZIP **CLEARWATER FL 34615**

TITLE ☒ DELETE

NAME **TD**
SWEET, DONALD
STREET ADDRESS **1071 LIVE OAK AVE**
CITY-ST-ZIP **ST PETE FL**

TITLE ☒ DELETE

NAME **D**
ESTEVA, HENRY
STREET ADDRESS **3637 4TH ST NORTH**
CITY-ST-ZIP **ST PETE FL**

TITLE ☐ DELETE

NAME **VD**
LOWNDS, RALPH
STREET ADDRESS **410 VENETIAN DRIVE**
CITY-ST-ZIP **CLWTR FL 34615**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **STD**
ARCHER, JOHN
1.3 STREET ADDRESS **314 Venetian Dr**
1.4 CITY-ST-ZIP **Clearwater 33755**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **John Archer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/99 727-420-3158

CR2E037 (11/98)