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FILED

Mar 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 758225 (7)
1. Corporation Name
NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

1040 WOODCOCK ROAD
119
ORLANDO FL 32803
US1040 WOODCOCK RD
119
ORLANDO FL 32803-3510
US3. Date Incorporated or Qualified
10/29/19813a. Date of Last Report
03/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2190073

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GATES, W HASKELL
1040 WODOCK ROAD
SUITE 119
ORLANDO FL 32803

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME GATES, HASKELL W
STREET ADDRESS 1645 PALM BEACH LAKES BLVD STE 1100
CITY-ST-ZIP WEST PALM BEACH FL1.1 TITLE PD ☐ Change ☐ Addition
1.2 NAME Saul, Harold
1.3 STREET ADDRESS 1 East Broward Boulevard Suite 1600
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33301TITLE TD ☒ DELETE
NAME SAUL, HAROLD ESQUIRE
STREET ADDRESS 1 EAST BROWARD BOULEVARD SUITE 1600
CITY-ST-ZIP FT. LAUDERDALE FL2.1 TITLE TD ☐ Change ☐ Addition
2.2 NAME Walls, Richard
2.3 STREET ADDRESS 21 Crystal River Drive
2.4 CITY-ST-ZIP Cocoa Beach, FL 32931TITLE ED ☒ DELETE
NAME POFFENBERGER, JERRY
STREET ADDRESS 1040 WOODCOCK ROAD #119
CITY-ST-ZIP ORLANDO FL3.1 TITLE ED ☐ Change ☐ Addition
3.2 NAME Gates, Haskell
3.3 STREET ADDRESS 1040 Woodcock Road Suite 119
3.4 CITY-ST-ZIP Orlando, FL 32803TITLE TD ☒ DELETE
NAME FEINSMITH, PAUL
STREET ADDRESS 1730 N 55TH AVENUE
CITY-ST-ZIP HOLLYWOOD FL4.1 TITLE SD ☐ Change ☐ Addition
4.2 NAME Loeper, Robert
4.3 STREET ADDRESS 3550 W. Bushwood Park Suite 390
4.4 CITY-ST-ZIP Tampa, FL 33618TITLE SD ☒ DELETE
NAME MOUTSATSOS, SPERO
STREET ADDRESS 1 DAVIS BLVD #304
CITY-ST-ZIP TAMPA FL5.1 TITLE VD ☐ Change ☐ Addition
5.2 NAME Springs, Samantha
5.3 STREET ADDRESS 3065 Beauclerc Oaks Court
5.4 CITY-ST-ZIP Jacksonville, FL 32257TITLE VD ☒ DELETE
NAME WOLPER, IRV
STREET ADDRESS 6543 CENTERWALK APT. B
CITY-ST-ZIP WINTER PARK FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97

(407) 894-7325

Daytime Phone # 0016337

CR2E037 (9/96)