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Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758225 (7)

1. Corporation Name

NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1040 WOODCOCK ROAD 119 ORLANDO FL 32803 US	1040 WOODCOCK RD 119 ORLANDO FL 32803 US

3. Date Incorporated or Qualified: 10/29/1981

4. FEI Number: 59-2190073 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ED	☐ DELETE	1.1 TITLE	MD	☒ Change ☐ Addition
NAME	GATES, HASKELL W		1.2 NAME		
STREET ADDRESS	1040 WOODCOCK RD, 119		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SAUL, HAROLD ESQUIRE		2.2 NAME		
STREET ADDRESS	1 EAST BROWARD BOULEVARD SUITE 1600		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	WALLS, RICHARD		3.2 NAME		
STREET ADDRESS	21 CRYSTAL RIVER DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BCH FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LOEPER, ROBERT		4.2 NAME		
STREET ADDRESS	3550 W BUSHWOOD PK, 390		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	SPRINGS, SAMANTHA		5.2 NAME		
STREET ADDRESS	3065 BEAUCLERC OAKS CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	TD	☐ Change ☒ Addition
NAME			6.2 NAME	Chris Leonard	
STREET ADDRESS			6.3 STREET ADDRESS	1495 Bay Shore Drive	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Cocoa Beach FL 32931	

CR2E037 (10/97)

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.

SIGNATURE: [signature] 1/14/98 (407) FAX 2345