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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

104032 - 90101 - 40

DOCUMENT # **758225**

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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 10/29/1981 4. FEI Number 59-2190073 ☐ Applied For ☐ Not Applicable 5. Certifcate 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

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 HASKELL GATES — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1/4/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	MD	☐ DELETE	1.1 TITLE		☐ 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	~~VD~~ VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	LEONARD, CHRIS		2.2 NAME		
STREET ADDRESS	1495 BAY SHORE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 32931		2. 4 CITY-ST-ZIP		
TITLE	~~VD~~ PD	☐ DELETE	3.1 TITLE		☒ 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	PD	☒ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME	SPRINGS, SAMANTHA		5.2 NAME	DONG RAY	
STREET ADDRESS	3065 BEAUCLERC OAKS CT		5.3 STREET ADDRESS	1126 GROVELAND LANE	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 1/5/99 Date — 407-894-7325, X102 Daytime Phone #