FILED
May 01, 2002 8:00 am
Secretary of State
03-31-2002 90353 036 ****70.00

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758225

1. Entity Name
NATIONAL KIDNEY FOUNDATION of FLORIDA, INC.

26454

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1040 WOODCOCK ROAD	1040 WOODCOCK ROAD
Suite, Apt. #, etc. SUITE 119	Suite, Apt. #, etc. SUITE 119
City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32803 Country USA	Zip 32803 Country USA

4. FEI Number 59-2190073 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name HASKELL GATES, EXECUTIVE DIRECTOR

Street Address (P.O. Box Number is Not Acceptable)
NKF of FLORIDA, INC.
1040 WOODCOCK ROAD, SUITE 119

City ORLANDO FL Zip Code 32803

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

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	CHRIS LEONARD D
STREET ADDRESS	1495 BAY SHORE DRIVE
CITY-ST-ZIP	COCOA BEACH, FL 32931-2307
TITLE	VICE PRESIDENT
NAME	DOUG RAY D
STREET ADDRESS	715 SAGEWOOD DRIVE
CITY-ST-ZIP	LAKELAND, FL 33813-3675
TITLE	TREASURER
NAME	KELLY MAYO D
STREET ADDRESS	1 DAVIS BLVD., SUITE 304
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	SECRETARY
NAME	RONAY OLIVER D
STREET ADDRESS	1258 DUNBRIDGE STREET
CITY-ST-ZIP	APOPKA, FL 32703-3629
TITLE	EXECUTIVE DIRECTOR
NAME	HASKELL GATES
STREET ADDRESS	1040 WOODCOCK RD, SUITE 119
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/01)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] HASKELL GATES EX. DIR. 3/19/02 407-894-7325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #