NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F93000005750

BEST BUDDIES SUPPORTING CORPORATION, INC.

Principal Place of Business SUITE 1990

2. Principal Place of Business

100 S.E. 2ND STREET MIAMI FL 33131

Mailing Address

SUITE 1990 100 S.E. 2ND STREET

MIAMI FL 33131

2a. Mailing Address

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90127 021 ****70.00



3. Date incorporated or Qualifed

21					26					-	12/20/19	93					
-	Suite, Apt. #, etc.				Suite, Apt. #, etc.				4.	FEI Numbe				App	lied For		
22					27					52-1772267				Not Applicable			
	City & State				City & State						5. Certifcate of Status I		Desired X		\$8.75 A		
23	-	28				<u></u>			3. Certificate of Status Desired (20			Fee Rec	Fee Required				
	Zip						Country	Country			6. Election Campaign Financing				\$5.00 k	\$5.00 May Be	
24		25 29 30							Trust Fund Contribution					Added to	Fees		
Name and Address of Current Registered Agent										10.	Name and	Addres	s of New	Register	ed Agent		
								81 Name									
SHRIVER, ANTHONY K									Street Addre	ss (P	O. Box Nun	nber is N	lot Accept	able)			
SUITE 1990																	
100 S.E. 2ND STREET																	
MIAMI FL 33131									City						85 Zip C	ode	
									•			_		. .			
11	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																
51	GNATURE	Signature, typed or p	printed name of registered ager	nt and title	if applicable.	(NOTE: Re		nt si	gnature required					DATE			
12	!.		OFFICERS AN	D DIRE			13.				ADDITIONS/	CHANG	ES TO OF	FICERS	AND DIRECTOR		
TIT	LE	D				DELETE	1.1 TITLE		-						<u></u> Change	Addition	
NA	ME	Shriver, an					1.2 NAME				Dofor	. +.	attac	ا اما آ	iat		
STI	REET ADDRESS	100 S.E. 2NI	d street, suite 1	1990			1.3 STREE	TAD	XORESS		кетег		attac	пец л	ISC.		
СП	Y-ST-ZIP	MIAMI FL 33131				1.4 CITY-ST-ZIP											
TIT	LE	D				DELETE	2.1 TITLE								Change	Addition	
NA	ME	BLANK, BRA	ID				2.2 NAME										
SΠ	REET ADDRESS	251 BEACOI	n street ste 6				2.3 STREET ADDRESS								•	İ	
Сп	Y-ST-ZIP	rt-ZIP BOSTON MA 2.4				2.4 CITY-S	2. 4 CITY-ST-ZIP			~							
TIT	LE	D				DELETE	3.1 TITLE								X Change	☐ Addition	
NA		KLINGMAN,					3.2 NAME										
STI	REET ADDRESS	HEARST AG	ENCY, THE CHRYS	LER B	LDG., 24T	H FL	3.3 STREE	TAD	DDRESS								
1	Y-ST-ZIP	NEW YORK NV 40474						ST-2	ZIP								
TIT	LΕ					DELETE	4.1 TITLE								Change	Addition	
NA.	ME						4.2 NAME										
ST	REET ADDRESS						4.3 STREE	TAI	DDRESS								
CIT	Y-\$T-ZIP						4.4 CITY-S	37-Z	ZIP .								
TIT	Œ.					DELETE	5.1 TITLE		ŀ						☐ Change	Addition	
NA	ME						5.2 NAME									:	
ST	REET ADDRESS						5.3 STREE	TAL	ODRESS								
Сп	Y-ST-ZIP				_		5.4 CITY-S	T-Z	IB III								
TIT	LE .					DELETE	6.1 TITLE								Change	Addition	
NA.	ME						6.2 NAME										

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 affactment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

49300005760 5321539012721Best Buddies Supporting Corporation, Inc.

Directors and Officers

Name	Title	Address	Company
Anthony Kennedy Shriver	Chairman of the Board President	100 SouthEast Second Street Suite 1250 Miami, Florida 33131 (305) 374-0909 office (305) 374-1969 fax	Ledecky Shriver Enterprises
Brad Blank	Director	70 Franklin Street 7th Floor Boston, Massachusetts 02110 (617) 695-1725 office (617) 423-2666 fax	Bloom & Witkin
Gerard A. Klingman	Director	405 Lexington Avenue 24th Floor New York, New York 10174 (212) 867-7647 office (212) 681-8448 fax	Klingman & Associates