FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 6:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46695 (5)

1. Corporation Name
ANGELMAN SYNDROME FOUNDATION, INC.

Principal Place of Business	Mailing Address
5950 SW 20 AVE. #77 GAINESVILLE FL 32607	5950 SW 20 AVE. #77 GAINESVILLE FL 32607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3092842 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 ASF
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 PO BOX 12437
City & State 23	City & State 28 GAINESVILLE, FL
Zip / Country 24 / 25	Zip / Country 29 32604 / 30 US

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMS, CHARLES A.
UNIV. OF FLORIDA, PEDIATRICS/GENETICS
1600 S.W. ARCHER ROAD, ARG 236
GAINESVILLE FL 32610-0296

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☒ Addition
NAME	WILLIAMS, CHARLES A.	12 NAME	
STREET ADDRESS	% 1600 SW ARCHER RD	13 STREET ADDRESS	see addition to Directors →
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MCCULLOUGH FRANK	22 NAME	
STREET ADDRESS	126 E RIDGE RD	23 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON WV	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	FREEMAN, TIMOTHY	32 NAME	
STREET ADDRESS	1 PLAYERS CLUB DR.	33 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON WV	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LIPPMAN, HAROLD	42 NAME	
STREET ADDRESS	505 E. COLUMBIA ST	43 STREET ADDRESS	
CITY-ST-ZIP	FALLS CHURCH VA	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	MCCORMICK ROBERT	52 NAME	
STREET ADDRESS	1279 SAGINAW CT	53 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA	54 CITY-ST-ZIP	
TITLE	DVP	61 TITLE	☐ Change ☐ Addition
NAME	SHELDON KIM	62 NAME	
STREET ADDRESS	13301 27TH AVE NE	63 STREET ADDRESS	
CITY-ST-ZIP	DUVALL WA	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Robert A. McCormick ROBERT A. McCORMICK 24 April 95 (804) 466-4992
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0001747

ASF BOARD OF DIRECTORS 1993-1995

FEI
59-3092842

N46695

Kathy Brydges
6960 Meadowwood Place
Colorado Springs, CO 80918
H: (719) 593-9370

Alice Evans
13280 Camanito Mar Villa
DelMar, CA 92014
H: (619) 481-8781

Sue Ferguson
505 East Columbia St.
Falls Church, VA 22046
W: 1-800-695-0285
H: (703) 237-9089

Christy Franks
2921 Doctors Lake Rd
Orange Park, FL 32073
H: (904) 269-2212

Tim Freeman, Ph.D.
PO Box 3146
Charleston, WV 25331
W: (304) 342-5669

Suzy Gavin
31090 Applewood Lane
Farmington Heights, MI 48331
H: (810) 788-0947

John Jackson
RR 2, Box 2672
Plants Road
Pittsford, VT 05763
H: (802) 483-2072

Joan Knoll Ph.D.
Division of Genetics
Children's Hospital
300 Longwood Avenue
Boston, MA 02115
W: (617) 735-7272/735-6046

Hal Lippman
505 East Columbia Sally
Falls Church, VA 22046
H: (703) 237-9089

Bob McCormick – PRESIDENT
1279 Saginaw Cr.
Norfolk, VA 23321-5900
H: (804) 460-4992

Frank McCullough
125 East Ridge Road
Charleston, WV 25314
H: (304) 342-5955

Nancy Reed
597 Bryce Canyon Way
Brea, CA 92621
H: (714) 671-7938

Kim Sheldon – VICE PRESIDENT
13301 277th Avenue NE
Duvall, WA 98019
H: (206) 788-6557

Betty Webb
Four Corners Road
Sherburne, NY 13460
H: (607) 847-8563

Elaine Whidden, MSN
Pediatric Genetics
UF HSC, Box 100296
Gainesville, FL 32610-0296
W: (904) 392-4104

Charles Williams, M.D
Pediatric Genetics
UF HSC, Box 100296
Gainesville, FL 32610-0296
W (904) 392-4104

NATIONAL OFFICE ADDRESS
Angelman Syndrome Foundation
P.O. Box 12437
Gainesville, Florida 32604
(904) 332-3303 VOICE MAIL