

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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DOCUMENT # N46695 (5)

1. Corporation Name

ANGELMAN SYNDROME FOUNDATION, INC.



Principal Place of Business

Mailing Address

5950 SW 20 AVE. #77
GAINESVILLE FL 32607

ASF
PO BOX 12437
GAINESVILLE FL 32604
US

3. Date Incorporated or Qualified

01/06/1992

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3092842

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, CHARLES A.
UNIV. OF FLORIDA, PEDIATRICS/GENETICS
1600 S.W. ARCHER ROAD, ARG 236
GAINESVILLE FL 32610-0206

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME WILLIAMS, CHARLES A.
STREET ADDRESS % 1600 SW ARCHER RD
CITY-ST-ZIP GAINESVILLE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS See Attachment
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MCCULLOUGH FRANK
STREET ADDRESS 126 E RIDGE RD
CITY-ST-ZIP CHARLESTON WV

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME FREEMAN, TIMOTHY
STREET ADDRESS 1 PLAYERS CLUB DR.
CITY-ST-ZIP CHARLESTON WV

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME LIPPMAN, HAROLD
STREET ADDRESS 505 E. COLUMBIA ST
CITY-ST-ZIP FALLS CHURCH VA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE PD ☒ DELETE
NAME MCCORMICK ROBERT
STREET ADDRESS 1279 SAGINAW CT
CITY-ST-ZIP NORFOLK VA

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DVP ☒ DELETE
NAME SHELDON KIM
STREET ADDRESS 13301 27TH AVE NE
CITY-ST-ZIP DUVALL WA

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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 and typed or printed name of signing officer or director

4/8/96

(401) 278-6751

Date

Daytime Phone #

CR2E037 (12/95)

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Angelman Syndrome Foundation
1996 Board of Directors

P/D

Frank McCullough
125 East Ridge Road
Charleston, WV 25314

V/D

Dave DeLeon
PO Box 1785
Porter, Texas 77365

T/D

William Taksar
12 Remigio Road
N. Attleboro, MA 02763-4000

S/D

Suzy Gavin
31090 Applewood Lane
Farmington Heights, MI 48331

D

Alice Evans
13280 Carminito Mar Villa
Del Mar, Ca 92014

D

Katie Hendren
19062 Lindsay Lane
Huntington Beach, CA 92646

D

Terry Hutchison
3248 East Shields #1
Fresno, CA 93726

D

Sharon Mason
1414 Sandwich Drive
Sandwich IL 60548

D

Nancy Reed
597 Bryce Canyon Way
Brea, CA 92621

D

Kathy Vogelsang
18 Bittersweet Drive
Butte, MT 59701

D

Betty Webb
Four Corners Road
Sherburne, NY 13460

D

Charles Williams
Pediatrics Genetics
UF HSC Box 100296