

**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

*Page 182*

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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 32610-0296**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
D	WILLIAMS, CHARLES A.	% 1600 SW ARCHER RD	GAINESVILLE FL	<input type="checkbox"/>
D	MCCULLOUGH FRANK	126 E RIDGE RD	CHARLESTON WV	<input type="checkbox"/>
D	FREEMAN, TIMOTHY	1 PLAYERS CLUB DR.	CHARLESTON WV	<input checked="" type="checkbox"/>
D	LIPPMAN, HAROLD	505 E. COLUMBIA ST	FALLS CHURCH VA	<input checked="" type="checkbox"/>
PD	MCCORMICK ROBERT	1279 SAGINAW CT	NORFOLK VA	<input checked="" type="checkbox"/>
DVP	SHELDON KIM	13301 27TH AVE NE	DUVALL WA	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

*See Attachment*

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: *William J. Takas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96  
Date

(401) 298-6757  
Daytime Phone #

CR2E037 (12/95)

*Page 2 of 2*

Angelman Syndrome Foundation  
1996 Board of Directors

P/D  
Frank McCullough  
125 East Ridge Road  
Charleston, WV 25314

D  
Nancy Reed  
597 Bryce Canyon Way  
Brea, CA 92621

V/D  
Dave DeLeon  
PO Box 1785  
Porter, Texas 77365

D  
Kathy Vogelsang  
18 Bittersweet Drive  
Butte, MT 59701

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

D  
Betty Webb  
Four Corners Road  
Sherburne, NY 13460

S/D  
Suzy Gavin  
31090 Applewood Lane  
Farmington Heights, MI 48331

D  
Charles Williams  
Pediatrics Genetics  
UF HSC Box 100296

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