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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N46695 (5)

1. Corporation Name
ANGELMAN SYNDROME FOUNDATION, INC.



Principal Place of Business Mailing Address
9530 SW 20 AVE. #777 PO Box 12437
GAINESVILLE FL 32607 32604 ASF
PO BOX 12437
GAINESVILLE FL 32604-0437
US

3. Date Incorporated or Qualified 01/06/1992
3a. Date of Last Report 04/24/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3092842	Applied For Not Applicable
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip Country	28. Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24. Zip	29. Zip		

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, CHARLES	
STREET ADDRESS	% 1600 SW ARCHER RD	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCULLOUGH, FRANK	
STREET ADDRESS	125 EAST RIDGE ROAD	
CITY - ST - ZIP	CHARLESTON WV 25314	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GAVIN, SUZY	
STREET ADDRESS	31090 APPLEWOOD LANE	
CITY - ST - ZIP	FARMINGTON HEIGHTS MI 48331	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EVANS, ALICE	
STREET ADDRESS	13280 CARMINITO MAR VILLA	
CITY - ST - ZIP	DEL MAR CA 92014	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENDREN, KATIE	
STREET ADDRESS	19062 LINDSAY LANE	
CITY - ST - ZIP	HUNTINGTON BEACH CA 92648	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUTCHISON, TERRY	
STREET ADDRESS	3248 EAST SHIELDS #1	
CITY - ST - ZIP	FRESNO CA 93726	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]* DATE: 3-10-97 804-926 3100

CR2E037 (9/96)