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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N46695

1. Corporation Name

ANGELMAN SYNDROME FOUNDATION, INC.

Principal Place of Business

P.O. BOX 12437
 GAINESVILLE FL 32604
 US

Mailing Address

ASF
 PO BOX 12437
 GAINESVILLE FL 32604
 US



2. Principal Place of Business

21 **414 Plaza Drive**

Suite, Apt. #, etc.

22 **Suite 209**

City & State

23 **Westmont IL**

Zip

24 **60559**

Country

25 **US**

2a. Mailing Address

26 **414 Plaza Drive**

Suite, Apt. #, etc.

27 **Suite 209**

City & State

28 **Westmont IL**

Zip

29 **60559**

Country

30 **US**

3. Date Incorporated or Qualified

01/06/1992

4. FEI Number

59-3092842

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

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

Charles A. Williams

2/22/99

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

(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	PD	<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	TD	<input type="checkbox"/> DELETE
NAME	TAKSAR, WILLIAM	
STREET ADDRESS	12 REMIGIO RD	
CITY-ST-ZIP	N ATTLEBORO MA 02763	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENDREN, KATIE	
STREET ADDRESS	19062 LINDSAY LANE	
CITY-ST-ZIP	HUNTINGTON BEACH CA 92646	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Hutchison, Terry
6.3 STREET ADDRESS	8362 N Marion
6.4 CITY-ST-ZIP	Clovis CA 93611

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 attachment with an address, with all other like empowered.

SIGNATURE:

Charlatair Williams

2/22/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)