

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # **N980000000435**

1. Corporation Name **JUST THE FACTS, INC.**
150 S. MONROE STREET, SUITE #306
TALLAHASSEE, FL 32301

Principal Place of Business

Mailing Address

99 MAY 17 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

January 26, 1998

4. FEI Number

59-3501515

Applied For
Not Applicable

5. Certificate of Status Desired

\$9.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

RON SACHS
150 S MONROE STREET, SUITE 306
TALLAHASSEE, FL 32301

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 607.1502, 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

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

(NOTE: Registered Agent's signature required when translating)

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	☐ DELETE
NAME	DOMINIC CALABRO	
STREET ADDRESS	106 N. BRONOUGH STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32302	
TITLE	DIRECTOR	☐ DELETE
NAME	BETTY ANN GOOD	
STREET ADDRESS	9300 SOUTH DADELAND BLVD.	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	DIRECTOR	☐ DELETE
NAME	DR. MARK GOLD	
STREET ADDRESS	UNIVERSITY OF FL BRAIN INSTITUTE	
CITY-ST-ZIP	P.O. BOX 10024 GAINESVILLE, FL 32610	
TITLE	DIRECTOR	☒ DELETE
NAME	PAT L. TORRILLO, Jr.	
STREET ADDRESS	118 N. MONROE STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32399-1700	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	☐ Change ☒ Addition
12 NAME	DOUG SESSIONS	
13 STREET ADDRESS	111 N. GADSDEN #200	
14 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
21 TITLE	DIRECTOR	☐ Change ☒ Addition
22 NAME	JOHN DRIGLE	
23 STREET ADDRESS	1030 E. LAFAYETTE STREET	
24 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
31 TITLE	LATHA KRISHNAIYER	☐ Change ☒ Addition
32 NAME	DIRECTOR	
33 STREET ADDRESS	10105 NORTHWEST SIXTH STREET	
34 CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
41 TITLE	FRANK RYLL	☐ Change ☒ Addition
42 NAME	DIRECTOR	
43 STREET ADDRESS	P.O. Box 11307	
44 CITY-ST-ZIP	TALLAHASSEE, FL 32302-3309	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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*******61.25 *****61.25**

☐ Change ☐ Addition

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayton - Filing #

5/14/99

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CR2E034 (11/98)