


**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90154 022 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000004042**  
 1. Corporation Name  
**FLORIDA CHIROPRACTIC PHYSICIANS ASSOCIATION, INC**

Principal Place of Business 1108 LUCERNE TERR. ORLANDO FL 32806	Mailing Address 1108 LUCERNE TERR. ORLANDO FL 32806
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569801-90017-5



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 07/09/1998	4. FEI Number 59-3524472	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent  LACY, JILL 1108 LUCERNE TERR. ORLANDO FL 32806	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President Roderic A. Lacy	1.2 NAME	
STREET ADDRESS	1108 Lucerne Terrace	1.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32806	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME	Vice President Michael Parker	2.2 NAME	
STREET ADDRESS	230 Mason Ave.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Holly Hills FL 32117	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	Board Director Anthony Filardo	3.2 NAME	
STREET ADDRESS	201 N. Wymore Rd.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Winter Park, FL 32789	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME	Board Director Kenneth Felt	4.2 NAME	
STREET ADDRESS	P.O. Box 121044	4.3 STREET ADDRESS	
CITY-ST-ZIP	Clermont, FL 34712	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	Director Robert E. Irvin	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME	Director Richard W. Ken	6.2 NAME	
STREET ADDRESS	551 S. Apollo Blvd.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Melbourne, FL 32901	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: \_\_\_\_\_ DATE: 4/2/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)