

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90040 037 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N99 00000 4381

1. Entity Name
 N. O. D. D. FOUNDATION, INC.

Principal Place of Business 2515 Via Milano Court Merritt Island, Florida 32953	Mailing Address SAME
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3593391	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

William Powell, Jr. Attorney at Law
 1700 Barna Avenue
 Titusville, Florida 32780

7. Name and Address of New Registered Agent

Name Dr. John H. Stansell
Street Address (P.O. Box Number is Not Acceptable) 2515 Via Milano Court
City Merritt Island
State FL
Zip Code 32953

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Dr. John H. Stansell (NOTE: Registered Agent signature required when reinstating)

DATE May 31, 2000

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Founder and President <input type="checkbox"/> Delete Dr. John H. Stansell 2515 Via Milano Court Merritt Island, Florida 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Delete William G. Sullivan 445 Holiday Boulevard Merritt Island, Florida 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Treasurer <input checked="" type="checkbox"/> Delete Kathy L. Richardson P.O. Box 205 Bell, Florida 32619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member <input type="checkbox"/> Delete Charles J. McCluskey, P.A.C.P.T P.O. Box 100163 Gainesville, Florida 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member <input type="checkbox"/> Delete Abdul Karim, M.D. F.A.C.P. 548 Barton Boulevard Rockledge, Florida 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member <input type="checkbox"/> Delete Leland McClanahan, Ph. O. 870 Australian Street Merritt Island, Florida 32953

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sally Davis 1950 Quail Ridge Court #1003 Cocoa, Florida 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Miriam B. Stansell 2515 Via Milano Court Merritt Island, Florida 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mary Gainey R. N. Health First Cape Canaveral Hosp Cocoa Beach, Florida 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lenora Wilson 603 South Varr Avenue Cocoa, Florida
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dr. John H. Stansell **REQUIRED** May 31, 2000 (321) 453-7475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR21:037 (1/99)