

FILE NOW: FILING FEE IS \$61.25

1-2

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 1. Corporation Name
PO4739
A Special Wish Foundation, Inc.

Principal Place of Business Mailing Address
2244 S. Hamilton Road, Ste. 202
Columbus, OH 43232

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26 same		1982	11/1/95
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		31-1055537	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent

Elizabeth Pinkston
1315 N. Hart Blvd.
Orlando, FL 32818

10. Name and Address of New Registered Agent

81 Name	Ultima Morgan
82 Street Address (P.O. Box Number is Not Acceptable)	1437 Shadewell Cr. 1520 Whitstable Ct.
83	
84 City	Heathrow FL
85 Zip Code	34746

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 *Ultima D. Morgan*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	see attached list	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	400001849194
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-06/04/96--01017--039
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	***70.00
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Ronald Fisher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-96 614 575-9474
Date Daytime Phone #

CR2E037 (12/95)

P04739

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**A SPECIAL WISH FOUNDATION
National Board of Governors**

Doug Adair
215 Tucker Drive
Worthington, OH 43085

Peg Campbell
Assistant Treasurer
105 Cantebrick Drive
Westerville, OH 43082-7300
614-891-2434 (H) unlisted
614-469-4366 (W) Post Office

Darla Fickle
481 E. Walnut Street
Westerville, OH 43081
614-794-2287 (H)
614-566-4203 (W) Riverside Cancer Care

Ramona Fickle
National Executive Director
10100 Winchester Road N.W.
Canal Winchester, OH 43110-9225
614-837-5376 (H)
614-575-9474 (ASW)

Robert Gardner, DDS
Secretary
52 West Winter Street
Delaware, OH 43015
614-898-9994 (W)

Dr. Marc Miller
Vice Chairperson
3702 Stingtown Road
Lancaster, OH 43130-9122
614-756-4691 (H)
614-454-5271 (W) Mon., Tues., Thurs.
614-653-0400 (W) Weds.

Rebecca Redman
Chairperson
1082 Lilley Avenue
Columbus, OH 43206-1734
614-258-2611 (H)

Jack Rowley
Treasurer
20421 Orchard Road
Milford Center, OH 43045
513-349-5251 (H)

Fred Ruymann, MD
Medical Advisor
Columbus Children's Hospital
55 S. Columbia
Columbus, OH 43209-1621
Mailing Address:
Hematology/Oncology
Children's Hospital
Columbus, OH 43205-2696
614-253-9020 (H)
614-461-2678 (W)
614-461-2633 (FAX)

Mike Schultz
15 Deer Run Court
Granville, OH 43203
614-864-3082 (H)
614-898-3200 (W)

Carla Williams-Scott
462 Beaverbrook Drive
Gahanna, OH 43230
614-337-0267 (H)
614-227-2714 (W)