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Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P04739 (9)  
1. Corporation Name  
A SPECIAL WISH FOUNDATION, INC.



Principal Place of Business Mailing Address  
2244 S. HAMILTON RD. STE. 202 COLUMBUS OH 43232  
2244 S. HAMILTON RD. STE. 202 COLUMBUS OH 43232

3. Date Incorporated or Qualified  
01/23/1985  
4. FEI Number  
31-1055537  
Applied For  
Not Applicable

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

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
MORGAN, ULTIMA  
1520 WHITESTABLE CT.  
HEATHROW FL 34748

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | NAME  | 1.1 TITLE   | 1.2 NAME   |
| <i>Board member (D)</i>    | ROWLEY, JACK<br>20421 ORCHARD RD.<br>MILFORD CENTER OH 43045                    | <i>(D)</i>  | SECRETARY<br>DR. ROBERT GARDNER<br>5839 MORAY CT.<br>DUBLIN, OH. 43017 |
| <i>Board member</i>        | CAMPBELL, PEG<br>105 CANTERBURY DR.<br>WESTERVILLE OH 43082-7300                | <i>(D)</i>  | DR. M.<br>DOTTIE JABLONSKI<br>4290 FAIROAKS DR<br>COLUMBUS, OH 43214   |
|                            | NED FICKLE, RAMONA<br>10100 WINCHESTER RD. NW<br>CANAL WINCHESTER OH 43110-9225 | <i>(D)</i>  | PERMIT STARTER<br>5211 GINETTE AVE<br>MARIETTA, OH 43046 <i>delete</i> |
| <i>President (D)</i>       | DARLA FICKLE<br>481 E. WALNUT ST<br>WESTERVILLE, OH 43081                       | <i>(D)</i>  | GREGG ROBINS<br>4225 GUNSTOWN HALL<br>NEW ALBANY, OH. 43054            |
| <i>Vice Pres. (D)</i>      | DR. MARC MILLER<br>3702 STRING TOWN RD<br>LANCASTER, OH 43130                   |   |  |
| <i>Treasurer (D)</i>       | REBECCA REDMAN<br>1082 Jolly Ave<br>COLUMBUS, OH 431                            |   |  |

| 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP |  |
|--------------------|---------------------|-----------|----------|--------------------|---------------------|-----------|----------|--------------------|---------------------|-----------|----------|--------------------|---------------------|-----------|----------|--------------------|---------------------|-----------|----------|--------------------|---------------------|--|
|                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |  |

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, on an attachment with an address.

SIGNATURE: *Ramona Fickle* 1-7-98 614 575-8484  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078404

CPRE037 (10/97)