


FILE NOW: FILING FEE IS \$61.25

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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90006 048 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P04739 1. Corporation Name A SPECIAL WISH FOUNDATION, INC.		
Principal Place of Business 2244 S. HAMILTON RD. STE. 202 COLUMBUS OH 43232	Mailing Address 2244 S. HAMILTON RD. STE. 202 COLUMBUS OH 43232	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/23/1985
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	31-1055537
24	25	29
30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		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 MORGAN, ULTIMA 1520 WHITESTABLE CT. HEATHROW FL 34746		10. Name and Address of New Registered Agent	
81	Name	84	City
82	Street Address (P.O. Box Number is Not Acceptable)	FL	85 Zip Code
83			

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWLEY, JACK <i>resigned</i>	1.2 NAME	DIRECTOR
STREET ADDRESS	2042 ORCHARD RD.	1.3 STREET ADDRESS	DOTTIE JABLONSKI
CITY-ST-ZIP	MIXFORD CENTER OH 43045	1.4 CITY-ST-ZIP	4296 FAIROAKS DR.
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	GARNDER, ROBERT MD	2.2 NAME	
STREET ADDRESS	5839 MORAY CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH 43017	2.4 CITY-ST-ZIP	
TITLE	NED <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FICKLE, RAMONA	3.2 NAME	
STREET ADDRESS	10100 WINCHESTER RD. NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	CANAL WINCHESTER OH 43110-9225	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FICKLE, DARLA	4.2 NAME	
STREET ADDRESS	481 E WALNUT ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTERVILLE OH 43081	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MARC MD	5.2 NAME	
STREET ADDRESS	3702 STRING TOWN RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LANCASTER OH 43130	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDMAN, REBECCA	6.2 NAME	
STREET ADDRESS	1082 LOLLY AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ramon Garcia* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99 614 575-9474
 Date Daytime Phone #

CR2E037 (11/98)