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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 749334

1. Corporation Name

THE KIDNEY FOUNDATION OF SOUTH FLORIDA, INC.

Principal Place of Business

2561 CORAL WAY
 SUITE 401
 MIAMI FL 33415
 US

Mailing Address

2561 CORAL WAY
 SUITE 401
 MIAMI FL 33145
 US



2. Principal Place of Business

21 2561 Coral Way
 Suite, Apt. #, etc.
 22 (NO SUITE #)
 City & State

2a. Mailing Address

26 Suite, Apt. #, etc.
 27 City & State

3. Date Incorporated or Qualified

10/16/1979

4. FEI Number

59-1998522

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

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9. Name and Address of Current Registered Agent

CUMMINGS, JENNIFER
 2561 CORAL WAY
~~SUITE 401~~
 MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 NO SUITE #

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME MAYER, ROBERT
 STREET ADDRESS 2474 SW 27TH TERRACE
 CITY-ST-ZIP MIAMI FL

TITLE VD DELETE
 NAME GRIFFIN, ANN
 STREET ADDRESS 1601 NW 8TH AVE
 CITY-ST-ZIP MIAMI FL 33136

TITLE TD DELETE
 NAME LUCAS, HOWARD
 STREET ADDRESS 2121 PONCE DE LEON BLVD
 CITY-ST-ZIP CORAL GABLES FL

TITLE SD DELETE
 NAME ORTIZ-BUTCHER, CARMEN
 STREET ADDRESS 6305 CABALLERO BLVD
 CITY-ST-ZIP CORAL GABLES FL 33146

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES PD Change Addition
 1.2 NAME ORTIZ-BUTCHER, CARMEN
 1.3 STREET ADDRESS 6305 CABALLERO BLVD
 1.4 CITY-ST-ZIP CORAL GABLES, FL 33146

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS 1847 SW 24 AVENUE
 2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33312

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE SECRETARY SD Change Addition
 4.2 NAME MOORMAN, ROBERT
 4.3 STREET ADDRESS 915 E. LAS OLAS BLVD.
 4.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33301

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carmen Ortiz-Butcher
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)