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Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702175 (1)

1. Corporation Name

ARTHRITIS FOUNDATION, FLORIDA CHAPTER, INC.

Principal Place of Business

Mailing Address

5211 MANATEE AVE. W.
BRADENTON FL 342095211 MANATEE AVE. W.
BRADENTON FL 34209-3742

3. Date Incorporated or Qualified

03/20/1961

3a. Date of Last Report

02/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROOMS, JOHN F.
5211 MANATEE AVE. W.
BRADENTON FL 34209

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

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 SVD
NAME NAMACK, WILLIAM H., III
STREET ADDRESS 1800 SECOND STREET SUITE 920
CITY-ST-ZIP SARASOTA FL
☐ DELETE1.1 TITLE VD
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☒ Change ☐ AdditionTITLE DC
NAME SHEPPARD, RAY I.
STREET ADDRESS 8715 SW 57TH STREET
CITY-ST-ZIP COOPER CITY FL
☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE VD
NAME ANELLO, JOSEPH M
STREET ADDRESS 3179 FOREST CIRCLE
CITY-ST-ZIP JACKSONVILLE FL
☒ DELETE3.1 TITLE SVD
3.2 NAME MICHAEL C. SCHWEITZ, M.D.
3.3 STREET ADDRESS 1500 N. DIXIE HIGHWAY
3.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401
☐ Change ☒ AdditionTITLE VD
NAME DUNWOODY, LILLIE
STREET ADDRESS 26 WEST 23RD ST.
CITY-ST-ZIP JACKSONVILLE FL 32202
☒ DELETE4.1 TITLE VD
4.2 NAME MARILYN WHELAN
4.3 STREET ADDRESS 407 WEKIVA SPRINGS RD, #213
4.4 CITY-ST-ZIP LONGWOOD, FL 32779
☐ Change ☒ AdditionTITLE SD
NAME BELLOCK, LINDA
STREET ADDRESS 4949 SOUTHFORK DR.
CITY-ST-ZIP LAKE LAND FL
☒ DELETE5.1 TITLE SD
5.2 NAME ROBERTA MALONE
5.3 STREET ADDRESS 1908 IMPERIAL GOLF COURSE BLVD.
5.4 CITY-ST-ZIP NAPLES, FL 33942
☐ Change ☒ AdditionTITLE TD
NAME KURRAS, RICHARD
STREET ADDRESS 4711 JEFFERSON ST
CITY-ST-ZIP HOLLYWOOD FL
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0061939

1-6-97 (941) 365-0365

CR2E037 (9/96)