


FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA 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 5211 MANATEE AVE. W. BRADENTON FL 34209			Mailing Address 5211 MANATEE AVE. W. BRADENTON FL 34209		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date incorporated or Qualified 03/20/1961 4. FEI Number 59-0816892 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GROOMS, JOHN F. 5211 MANATEE AVE. W. BRADENTON FL 34209				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>1/2/98</u>					
12. OFFICERS AND DIRECTORS					
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	NAMACK, WILLIAM H., III				
STREET ADDRESS	1800 SECOND STREET SUITE 920				
CITY-ST-ZIP	SARASOTA FL				
TITLE	DC	<input checked="" type="checkbox"/> DELETE			
NAME	SHEPPARD, RAY I.				
STREET ADDRESS	8715 SW 57TH STREET				
CITY-ST-ZIP	COOPER CITY FL				
TITLE	SVD	<input checked="" type="checkbox"/> DELETE			
NAME	MICHAEL C. SCHWEITZ, M.D.				
STREET ADDRESS	1500 N. DIXIE HWY				
CITY-ST-ZIP	WEST PALM BCH FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	MARILYN WHELAN				
STREET ADDRESS	407 WEKIVA SPRINGS RD., #213				
CITY-ST-ZIP	LONGWOOD FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	ROBERTA MALONE				
STREET ADDRESS	1908 IMPERIAL GOLF COURSE BLVD.				
CITY-ST-ZIP	NAPLES FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	KURRAS, RICHARD				
STREET ADDRESS	4711 JEFFERSON ST				
CITY-ST-ZIP	HOLLYWOOD FL				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DC
2.3 STREET ADDRESS	CAPP, LINDA
2.4 CITY-ST-ZIP	4953 Southfork Drive LAKE LAND, FL 33813
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SVD
3.3 STREET ADDRESS	JOHN WHELTON, M.D.
3.4 CITY-ST-ZIP	2617 N. FLAGLER DRIVE, #201 WEST PALM BEACH, FL 33407
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: WILLIAM H. NAMACK, III, VICE CHAIR-D January 8, 1998 (941) 365-0365

CR2E037 (10/97)