

02221999- 90150- 028

\$61.25 - \$61.25

ING FEE IS \$61.25

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1999

DOCUMENT # 702175 \

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

2a. Mailing Address

ARTHRITIS FOUNDATION
FLORIDA CHAPTER
303 BANYAN BLVD, STE 401
W PALM BEACH, FL 33401

ARTHRITIS FOUNDATION
FLORIDA CHAPTER
303 BANYAN BLVD, STE 401
W PALM BEACH, FL 33401

3. Date Incorporated or Qualified

03/20/1961

4. FEI Number

59-0816892

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees

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
83
84 City

Peter Corrado, President
Arthritis Foundation, Florida Chapter
First Union Bank Bldg
303 Banyan Blvd #401
W Palm Beach, Florida 33401

Zip Code

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	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 type="checkbox"/> DELETE
NAME	CAPP, LINDA	
STREET ADDRESS	4953 SOUTHFORK DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	WHELTON, JOHN M	
STREET ADDRESS	2617 N FLAGLER DRIVE, #201	
CITY-ST-ZIP	WEST PALM BCH FL 33407	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MARILYN WHELAN	
STREET ADDRESS	407 WEKIVA SPRINGS RD., #213	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTA MALONE	
STREET ADDRESS	1908 IMPERIAL GOLF COURSE BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KURRAS, RICHARD	
STREET ADDRESS	4711 JEFFERSON ST	
CITY-ST-ZIP	HOLLYWOOD FL	

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	change <input checked="" type="checkbox"/> Addition
3.2 NAME	Joseph P. Anello
3.3 STREET ADDRESS	3719 Forest Circle
3.4 CITY-ST-ZIP	Jacksonville, Florida 32257
4.1 TITLE	change <input checked="" type="checkbox"/> Addition
4.2 NAME	Evelyn O. Norman
4.3 STREET ADDRESS	1258 Tamara Drive
4.4 CITY-ST-ZIP	Pensacola, Florida 32504
5.1 TITLE	change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ray Sheppard
5.3 STREET ADDRESS	8715 SW 57 th Street
5.4 CITY-ST-ZIP	Cooper City, Florida 33328
6.1 TITLE	Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Rhonwyn Ullmann
6.3 STREET ADDRESS	4073 Park Ave
6.4 CITY-ST-ZIP	Miami, Florida 33133

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated indicated on this annual report or supplemental annual report is true and accurate and that my signature as officer or director of the corporation or the receiver or trustee empowered to execute this report or Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowerment.

that the information
that I am an
me appears in

SIGNATURE:

SIGNATURE REQUIRED

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90150 028 ****61.25

04-14-1999 90044 001 *****8.75



for 2/22/99