, Q	, •	 ***	· • •			-		
DOCUI	MENT # 702175					FILED	r	
ARTHRI	ris foundation, Florida	A CHAPTER, INC.			SECRET DIVISION C	ARY OF ST F CORPOR	ATIONS	
Principal Place of Business		Mailing Address			00 FEB 24 PM 2: 20			
303 BANYAN BLVD		303 BANYAN BLVD						
STE 401 W Palm Beach Fl 33401		STE 401 W Palm Beach FL 33401-4607			702642			
•	•				atao (1881 1786) 1 5171 6 16 616 (HATT EARLY TO A COLUMN	4 4 12 11 16 1	
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	9-0816892		olied For Applicable	
Zip Country		Zip	Country	5. Certificate of Si	atus Desired	\$8.75 Addi Fee Required		
6. Name and Address of Current Registered Agent			- Nāme	7. Name and Address of New Registered Agent				
CORRADO 303 BANY #401		• .		Street Address (P.O. Box Number is Not Acceptable)				
	BEACH FL 33401		City	FL Zip Code				
8. The above	named entity submits this statement	2	Peter Co	rrado, President		1-7-2000		
	Signature, typed or plinted name of registered age	ant and title if applicable. (NOTE:	Registered Agent eign	sture required when reinetzting)	DAT			
FILE NOW: FEE IS \$61.25		, -	9. Election Campaign Financing Trust Fund Contribution.			ck Payable to ent of State		
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND			
TITLE NAME STREET ADDRESS	VD NAMACK, WILLIAM H.,III 1800 SECOND STREET SUITE	☑ Deleta	TITLE NAME STREET ADDRESS	Rhonwyn Ullma 4073 Park Ave	nn nue	Change	X Addition	
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP	Miami, FL 33			A	
TITLE NAME STREET ADDRESS	DC CAPP, LINDA 4953 SOUTHFORK DRIVE	☐ Delate	TITLE NAME STREET ADDRESS		ian Street	☐ Change	Addition	
CITY-ST-ZIP.	LAKELAND: FL 33813		CITY-SI-ZIP	_Jacksonville,_	FL32209-65		Addition	
TITLE NAME	SVD WHELTON, JOHN M	☐ Delete	NAME	Treasurer Charles A. Rog		Change	Addition	
STREET ADDRESS	2617 N FLAGLER DRIVE, #201 WEST PALM BCH FL 33407		STREET ADDRESS CITY-ST-ZIP	650 Celebration F		[] Channe	Addition	
	t. — .		E DTIC		' 3 7'M	anged'l i		

TITLE Barbara Kornblau 9040 SW 64th Court NAME NAME ANELLO, JOSEPH P STREET ADDRESS STREET ADDRESS **3719 FOREST CIRCLE** Miami, FL 33156 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 500003152135--3 Delete TITLE TITLE NAME NAME NORMAN, EVELYN O -03/01/00--01003--005 STREET ADDRESS STREET ADDRESS 1258 TAMARA DR CITY-ST-ZIP *****70.00 *****70.00 CITY-ST-ZIP PENSACOLA FL 32504 Change ☐ Addillion Delete TITLE TITLE TD NAME NAME SHEPPARED, RAY STREET ADDRESS STREET ADDRESS 8715 SW 57TH ST

COOPER CITY FL 33328 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SOUND UNE MEQUINED Corrado, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-2000

Date

Daytime Phone #