

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90024 035 \*\*\*\*70.00

**DOCUMENT # 702175**

1. Entity Name  
**ARTHRITIS FOUNDATION, FLORIDA CHAPTER, INC.**



Principal Place of Business  
**501 VILLAGE GREEN PKWY.  
SUITE 19  
BRADENTON, FL 34209**

Mailing Address  
**501 VILLAGE GREEN PKWY.  
SUITE 19  
BRADENTON, FL 34209**

**94025316**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-0816892**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORREST, ANNE  
501 VILLAGE GREEN PARKWAY  
SUITE 19  
BRADENTON, FL 34209**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete  
NAME **ANELLO, JOSEPH DR.**  
STREET ADDRESS **FL STATE HOSPITAL, 3179 FOREST CIR.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SVCD** ☐ Delete  
NAME **WHELTON, JOHN C DR.**  
STREET ADDRESS **3617 N. FLAGLER DR., STE 201**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VCD** ☒ Delete  
NAME **CURRAN, DAN**  
STREET ADDRESS **12065 CRANEFoot DR.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VCD** ☐ Delete  
NAME **OLDEN, DENNIS**  
STREET ADDRESS **334 EAST LAKE RD., #311**  
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **HAGAN, TOM**  
STREET ADDRESS **4677 HATFIELD DR.**  
CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4677 Hatfield Drive**  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **BELEY, PAMELA RN,**  
STREET ADDRESS **613 NW 135TH TERR.**  
CITY-ST-ZIP **PLANTATION, FL 33325**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-2-04**

Date

**941-364-5608**

Daytime Phone #