

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702175

FILED
Jan 11, 2005
Secretary of State

Entity Name: ARTHRITIS FOUNDATION, FLORIDA CHAPTER, INC.

Current Principal Place of Business:

501 VILLAGE GREEN PKWY.
SUITE 19
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

501 VILLAGE GREEN PKWY.
SUITE 19
BRADENTON, FL 34209

New Mailing Address:

FEI Number: 59-0816892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: ANELLO, JOSEPH DR.
Address: FL STATE HOSPITAL, 3179 FOREST CIR.
City-St-Zip: JACKSONVILLE, FL 32257

Title: SVCD () Delete
Name: WHELTON, JOHN C DR.
Address: 3617 N. FLAGLER DR., STE 201
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VCD () Delete
Name: OLDEN, DENNIS
Address: 334 EAST LAKE RD., #311
City-St-Zip: PALM HARBOR, FL 34685

Title: TD () Delete
Name: HAGAN, TOM
Address: 4677 HADFIELD DR
City-St-Zip: SARASOTA, FL 34235

Title: SD () Delete
Name: BELEY, PAMELA RN
Address: 613 NW 135TH TERR.
City-St-Zip: PLANTATION, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: ANELLO, JOSEPH DR.
Address: 3179 FOREST CIR.
City-St-Zip: JACKSONVILLE, FL 32257

Title: SVCD (X) Change () Addition
Name: WHELTON, JOHN C DR.
Address: 2617 N. FLAGLER DR., STE 201
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VCD (X) Change () Addition
Name: OLDEN, DENNIS
Address: 610 WEST SWANN AVENUE
City-St-Zip: TAMPA, FL 33606

Title: TD (X) Change () Addition
Name: HAGAN, TOM
Address: 1819 MAIN STREET
City-St-Zip: SARASOTA, FL 34236

Title: SD (X) Change () Addition
Name: FASSETT, BRUCE
Address: 19165 MURCOTTE DRIVE WEST
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE FORREST

PRES

01/11/2005

Electronic Signature of Signing Officer or Director

Date