

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702175

FILED  
Jan 08, 2008  
Secretary of State

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

**Current Principal Place of Business:**

408 12TH ST. W.  
BRADENTON, FL 34205

**New Principal Place of Business:**

**Current Mailing Address:**

408 12TH ST. W.  
BRADENTON, FL 34205

**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  
408 12TH ST. W.  
BRADENTON, FL 34205      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: CH      ( ) Delete  
Name: WHELTON, JOHN C DR.  
Address: 2617 FLAGLER DRIVE, SUITE 201  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: CH      ( ) Delete  
Name: OLDEN, DENNIS  
Address: 610 SWANN AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: SRVC      ( ) Delete  
Name: CARLEY, BARBARA  
Address: 7903 HYDE PARK AVENUE  
City-St-Zip: NORTH PORT, FL 34287

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: OFF      (X) Change ( ) Addition  
Name: GLIDDEN, DONNA  
Address: 408 12TH STREET WEST  
City-St-Zip: BRADENTON, FL 34205

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

Title: CH      (X) Change ( ) Addition  
Name: CARLEY, BARBARA  
Address: 7903 HYDE PARK AVENUE  
City-St-Zip: NORTH PORT, FL 34287

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DONNA GLIDDEN

OFF

01/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date