NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703092

1. Corporation Name

CLINIC BENEFIT SOCIETY, INCORPORATED

Principal Place of Business									
C/O WHITE. NOEL									
HOFEMAN, ST. R. LEWIS, AVE.									

2. Principal Place of Business

PENNEYFARMS FL 32079

Suite, Apt. #, etc.

City & State

21

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

P.O. BOX 39 HOFFMAN ST & LEWIS AVE PENNEY FARMS FL 32079

US

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FILED Apr 22, 1999 8:00 am § Secretary of State

04-22-1999 90231 036 ****61.25

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

10/27/1961

59-1001037

FEI Number

393461 - 90231 - 36

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Zip	Country Zip Col			itry		Election Campaign Financi Trust Fund Contribution	, , , , , , , , , , , , , , , , , , , ,			
24 25 29 30					10. Name and Address of New Registered Agent					
9. Name and Address of Current Registered Agent					Name	17. Italia alia Accesso di 110		-95		
				81						
WHITE, NOEL, DR.				82	Street A	Address (P.O. Box Number is Not Acc	eptable)		1	
3495 HOFFMAN STR				83						
PENNY FARMS FL 32079				63						
The state of the s				84	City		FL	85 Zip C		
11. 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		13.			ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.\$ TITU	LE				☐ Change	Addition	
NAME	HOUGHTON, RAY			ME						
STREET ADDRESS	4.00 00 000 000				ADDRESS					
CITY-ST-ZIP	TY-ST-ZIP PENNEY FARMS, FL 00000 32079 1.4 CF				-ZIP					
TITLE	10	- DELETE	~ 2.1 TITL	E	-	er of the second of the second	· 	☐ Change	☐ Addition	
NAME	LAKE, MARGARET 22N			ME					i	
STREET ADDRESS	DDRESS P.O. BOX 176 N/A APT. G-23				ADDRESS		•			
CITY-ST-ZIP	PENNEY FARMS FL 32079		2. 4 CIT	Y-ST	-ZIP					
TITLE	VD	DELETE	3.1 TITU	E		VD STEC ST	MOT	Change	☐ Addition	
NAME	DOXEY, GEORGE	3.2		ΜE	Į.	VD CHARLES STI 3498 OVIGH PENNEY FARMS	PART	REF	厂	
STREET ADDRESS	4455A POLING	•	3.3 STF	REET	ADDRESS	3498 UVIGH				
CITY-ST-ZIP	PENNEY FARMS, FL 00000 3207		3.4. CIT	Y-ST	-ZIP	PENNEY FARMS	FL	3201		
TITLE	VD	☐ DELETE	4.1 TITI	Æ	- 1		,	Change	Addition	
NAME	FLEU, VIRGINIA	,	4. 2 NA	ME	1				l	
STREET ADDRESS	QUADRANGLE APT. B-27		4.3 STF	REET	ADDRESS					
CITY-ST-ZIP				Y-ST-	-ZIP					
TITLE	SD	☐ DELETE	5.1 ∏∏		-			Change	Addition	
NAME	STEPLER, JEAN		5.2 NA		1				,	
STREET ADDRESS	4435-D WILBANKS				ADDRESS					
CITY-ST-ZIP	TENTET FAMILIOTE SECTS			Y-ST	-ZIP			F7.01		
TITLE	×2.	☐ DELETE	6.1 TITI					Change	☐ Addition	
NAME			6.2 NA	-					ļ	
STREET ADDRESS			6.3 STF	REET	ADDRESS	-				
CITY-ST-ZIP			6.4 CIT	Y-ST	-ZIP					

14. 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 annual report or supplemental annual 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 12 or Block 13 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

904/384-8245 Dayline Phone #

R2E037_(11/98)

Applied For

\$8.75 Additional

Fee Required

Not Applicable