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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714355

1. Corporation Name
FOA CHARITIES, INC.

Principal Place of Business	Mailing Address
2958 WELLINGTON CIRCLE NORTH SUITE 200 TALLAHASSEE FL 32308 US	2958 WELLINGTON CIRCLE NORTH SUITE 200 TALLAHASSEE FL 32308 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/29/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1261771 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CARSON, LEONARD A
2958 WELLINTON CIRCLE NORTH
SUITE 200
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. *(NOTE: Registered Agent signature required when reinstating)*

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	BPD	☒ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	KINGER, CHRISTOPHER B OD		1.2 NAME	FOREMAN, RONALD OD	
STREET ADDRESS	1800 PLACIDA ROAD		1.3 STREET ADDRESS	1387 SOUTH 1ST STREET	
CITY-ST-ZIP	ENGLEWOOD FL 34223		1.4 CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	VD	☒ DELETE	2.1 TITLE	S/D	☐ Change ☒ Addition
NAME	STERN, SIDNEY J OD		2.2 NAME	DERICKSON, JOHN OD	
STREET ADDRESS	8732 SUNSET DRIVE		2.3 STREET ADDRESS	2062 ST. MARTINS DRIVE, WEST	
CITY-ST-ZIP	MIAMI FL 33173		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	SD	☒ DELETE	3.1 TITLE	T/D	☐ Change ☒ Addition
NAME	MCCLANE, JOHN W III, OD		3.2 NAME	LOSHIN, DAVID OD	
STREET ADDRESS	6 SOUTH 14TH STREET		3.3 STREET ADDRESS	3200 S. UNIVERSITY DRIVE, SUITE 14	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33328	
TITLE	TD	☐ DELETE	4.1 TITLE	V/D	☒ Change ☐ Addition
NAME	CLAY, JUDITH A OD		4.2 NAME	CLAY, JUDITH A.OD	
STREET ADDRESS	2567 CAPITAL MEDICAL BLVD.		4.3 STREET ADDRESS	2567 CAPITAL MEDICAL BLVD.	
CITY-ST-ZIP	TALLAHASSEE FL 32308		4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 PRESIDENT BD. OF DIRECTORS RONALD FOREMAN, O.D. 01/16/99 (904)752-1722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #