# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:06

DOCUMENT # 717689 (4)

1. Corporation Name
AMERICAN KIDNEY FOUNDATION, INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| 4920 LOCUST ST NE<br>#112<br>ST PETERSBURG FL 33703<br>US | 4920 LOCUST ST NE<br>#112<br>ST PETERSBURG FL 33703<br>US |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 12/08/1969 | 3a. Date of Last Report: 05/01/1994 |
| 4. FEI Number: 23-7049615 | ☐ Applied For ☐ Not Applicable |
| 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ | $68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No | |

| | Principal Address | Mailing Address |
|---|---|---|
| 2. Principal Place of Business / 2a. Mailing Address | 21 505 S. Bayshore | 26 P.O. Box 8063 |
| Suite, Apt. #, etc. | 22 | 27 |
| City & State | 23 Madeira Beach | 28 Madeira Beach |
| Zip / Country | 24 33708 / 25 Pinellas | 29 33708 / 30 Pinellas |

9. Name and Address of Current Registered Agent

ANDERSON REGINA BARRIOS
4920 LOCUST ST NE APT 112
ST PETERSBURG FL 33703

10. Name and Address of New Registered Agent

| | |
|---|---|
| 81 Name | John Archer |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | 505 S. Bayshore Dr. |
| 84 City / 85 Zip Code | Madeira Beach FL 33708 |

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: John Archer — 3/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | STD ☐ Change ☑ Addition |
| NAME | PHELAN, WILLIAM T | 1.2 NAME | John Archer |
| STREET ADDRESS | 6015-6TH AVE N | 1.3 STREET ADDRESS | 505 S. Bayshore Dr |
| CITY-ST-ZIP | ST PETERSBURG, FL 00000 | 1.4 CITY-ST-ZIP | Madeira Beach, FL 33708 |
| TITLE | SD | 2.1 TITLE | PD ☑ Change ☐ Addition |
| NAME | NEILLY, JOHN J | 2.2 NAME | Elizabeth Dexter |
| STREET ADDRESS | 775-50TH AVE N | 2.3 STREET ADDRESS | 1607 Pinellas Rd |
| CITY-ST-ZIP | ST PETERSBURG, FL 00000 | 2.4 CITY-ST-ZIP | Bellair, FL 34616 |
| TITLE | TD | 3.1 TITLE | VD ☐ Change ☑ Addition |
| NAME | SWEET, DONALD J | 3.2 NAME | Ralph Lownds |
| STREET ADDRESS | 1071 LIVE OAK AVE NE | 3.3 STREET ADDRESS | 11201 122nd Ave N #0-149 |
| CITY-ST-ZIP | ST PETERSBURG, FL 00000 | 3.4 CITY-ST-ZIP | Largo, FL 34648 |
| TITLE | D | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | ESTEVA, HENRY | 4.2 NAME | |
| STREET ADDRESS | 3637-4TH ST N | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG, FL 00000 | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 an attachment with an address.

SIGNATURE: John Archer 3/6/95 813-392-1847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ST

0088803