

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90035 032 ****61.25

008216

DOCUMENT # 726782

1. Corporation Name

THE AYMARA FOUNDATION, INC.

455119 - 90035 - 32

Principal Place of Business
CLEVELAND STATE UNIVERSITY
DEPT OF HEALTH SCIENCES
CLEVELAND OH 44115
US

Mailing Address
P.O. BOX 101703
FT. WORTH TX 76185
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
06/25/1973

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
23-7366815

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUGGAN, J ROBERT
1029 W MAGNOLIA ST
LEESBURG FL 34748

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

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 **VD** ☐ DELETE
NAME **COLLINS, JANE**
STREET ADDRESS **1714 HELENA ST**
CITY-ST-ZIP **MADISON WI 53704**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **PD** ☐ DELETE
NAME **ABERCROMBIE, THOMAS**
STREET ADDRESS **5757 SW 58TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33141**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

PD
Abercrombie, Thomas
12 E. 8th St. Apt. 4A
New York, NY 10003

☒ Change ☐ Addition

TITLE **TD** ☐ DELETE
NAME **MIRACLE, ANDREW**
STREET ADDRESS **2820 LUDLOW, 3**
CITY-ST-ZIP **CLEVELAND OH 44120**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **SD** ☐ DELETE
NAME **LEAVITT, ROBERT M.**
STREET ADDRESS **219 CHARLOTTE STREET**
CITY-ST-ZIP **FREDERICTON, NB, CANADA E3B1L-5**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1999 (216) 687-3565

Date

Daytime Phone #

CR2E037 (1/98)