

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90047 002 ****61.25

0043213

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 737094

1. Corporation Name

THE KATHERINE PRICE FOUNDATION, INC.

Principal Place of Business

101 S.E. 7TH STREET N.
 BELLE GLADE FL 33430

Mailing Address

1025 N.W. AVENUE D
 BELLE GLADE FL 33430



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/21/1976
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1715687
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	29	30

9. Name and Address of Current Registered Agent

BAKER, JOHN E
257 S.E. AVENUE E
BELLE GLADE FL 33903

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

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	TSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORSENIGO, JOSEPH R DR	1.2 NAME	
STREET ADDRESS	101 S.E. 7TH STREET N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, MERCEDES	2.2 NAME	
STREET ADDRESS	857 S.W. AVENUE C PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENSON, MARY A	3.2 NAME	
STREET ADDRESS	636 S.E. FIRST STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, NANCY	4.2 NAME	
STREET ADDRESS	1740 S.E. AVENUE K	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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] **SIGNATURE REQUIRED** *[Signature]* **ORSENIGO, JOSEPH R DR** *[Signature]* **04 FEB 99** *[Signature]* **201996-7099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)