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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 747620

1. Corporation Name

**LUPUS FOUNDATION OF AMERICA, INC., NORTHEAST FLO
RIDA CHAPTER**

Principal Place of Business

**3553 BOONE PARK AVENUE
JACKSONVILLE FL 32205
US**

Mailing Address

**1300 PICCARD DRIVE
SUITE 200
ROCKVILLE MD 20850
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
06/13/1979

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number
59-1920413

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 ☐ **\$5.00 May Be
Trust Fund Contribution Added to Fees**

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURROUGHS, JENNIE J
3552 BOONE PARK AVENUE
JACKSONVILLE FL 32205**

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 **PDST** ☐ DELETE
NAME **HURLEY, KATHLEEN**
STREET ADDRESS **1300 PICCARD DRIVE**
CITY-ST-ZIP **ROCKVILLE MD 20850**

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

TITLE **D** ☐ DELETE
NAME **NIDIFFER, SHERLAINE**
STREET ADDRESS **6044 MIZZELL DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

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

TITLE **P** ☐ DELETE
NAME **JENNIE J. BURROUGHS**
STREET ADDRESS **3552 BOONE PARK AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ROMAS, JENNIE**
STREET ADDRESS **4780 YELLOW STAR LANE W**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

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

TITLE **D** ☐ DELETE
NAME **HUNTER, LAURICE**
STREET ADDRESS **5679 FINCH AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL 32219**

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

TITLE **D** ☐ DELETE
NAME **CHARLOTTE ROUSSEAU**
STREET ADDRESS **7811 FAWN BROOK CIRCLE**
CITY-ST-ZIP **JACKSONVILLE FL 32258**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Kathleen Hurley **Kathleen Hurley** 2/11/99 307-670-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)