


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90007 040 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # 748580</b>					
1. Corporation Name <b>SYMPOSIA FOUNDATION, INC.</b>					
Principal Place of Business <b>120 VIA CANTEBRIA #A5 ENECINITAS, CA</b> <b>P.O. BOX 2107</b> <b>CARLSBAD CA 92018-2107</b>			Mailing Address <b>120 VIA CANTEBRIA #A5 ENECINITAS, CA</b> <b>P.O. BOX 2107</b> <b>CARLSBAD CA 92018-2107</b>		



2. Principal Place of Business <b>21 4407 Manchester Avenue</b>		2a. Mailing Address <b>26 4407 Manchester Avenue</b>		3. Date Incorporated or Qualified <b>08/20/1979</b>	
Suite, Apt. #, etc. <b>22 Ste. 205</b>		Suite, Apt. #, etc. <b>27 Ste. 205</b>		4. FEI Number <b>59-1938111</b>	
City & State <b>23 Encinitas, CA</b>		City & State <b>28 Encinitas, CA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 92024</b>		Zip <b>29 92024</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25 USA</b>		Country <b>30 USA</b>			
9. Name and Address of Current Registered Agent <b>ZIMPELMAN, HILBERT M.</b> <b>120 VIA CANTEBRIA SUITE #A5</b> <b>ENCINITAS CA 92024</b>				10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	

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. (NOT if Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS	
TITLE <b>PSD</b>	<input type="checkbox"/> DELETE
NAME <b>ZIMPELMAN, HILBERT M.</b>	
STREET ADDRESS <b>120 VIA CANTEBRIA #A5</b>	
CITY-ST-ZIP <b>ENCINITAS CA #A5</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>WOOLLEY, DR. BRUCE H.</b>	
STREET ADDRESS <b>2966 IROQUIS</b>	
CITY-ST-ZIP <b>PROVO UT</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>KAPLAN, ERIC ESQ.</b>	
STREET ADDRESS <b>11221 S.W. 75TH AVE.</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b></b>	<input type="checkbox"/> DELETE
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>CEO, Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>ZIMPELMAN, HILBERT M.</b>	
1.3 STREET ADDRESS <b>120 Via Cantebria, #A5</b>	
1.4 CITY-ST-ZIP <b>Encinitas, CA 92024</b>	
2.1 TITLE <b>President, Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Jona Foster Harrington</b>	
2.3 STREET ADDRESS <b>1202 Sidonia Street</b>	
2.4 CITY-ST-ZIP <b>Encinitas, CA 92024</b>	
3.1 TITLE <b>Executive Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Michael Melvin Guymon</b>	
3.3 STREET ADDRESS <b>4389 Pocohontas Avenue</b>	
3.4 CITY-ST-ZIP <b>San Diego, CA 92117</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b></b>	
4.3 STREET ADDRESS <b></b>	
4.4 CITY-ST-ZIP <b></b>	
5.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b></b>	
5.3 STREET ADDRESS <b></b>	
5.4 CITY-ST-ZIP <b></b>	
6.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b></b>	
6.3 STREET ADDRESS <b></b>	
6.4 CITY-ST-ZIP <b></b>	

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

4/22/99  
Date

760-632-8882  
Daytime Phone #

CR2E037 (1/98)