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

04-28-1999 90016 021 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 749334

1. Corporation Name

THE KIDNEY FOUNDATION OF SOUTH FLORIDA, INC.

Principal Place of Business

2561 CORAL WAY SUITE 401 MIAMI FL 33415 US

Mailing Address

2561 CORAL WAY SUITE 401 MIAMI FL 33145 US



2. Principal Place of Business

21 2561 Coral Way Suite, Apt. #, etc. (NO SUITE #) City & State

2a. Mailing Address

26 Suite, Apt. #, etc. City & State

3. Date Incorporated or Qualified

10/16/1979

4. FEI Number

59-1998522

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CUMMINGS, JENNIFER 2561 CORAL WAY SUITE 401 MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 NO SUITE #

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

TITLE PD NAME MAYER, ROBERT STREET ADDRESS 2474 SW 27TH TERRACE CITY-ST-ZIP MIAMI FL DELETED

TITLE VD NAME GRIFFIN, ANN STREET ADDRESS 1601 NW 8TH AVE CITY-ST-ZIP MIAMI FL 33136 DELETED

TITLE TD NAME LUCAS, HOWARD STREET ADDRESS 2121 PONCE DE LEON BLVD CITY-ST-ZIP CORAL GABLES FL DELETED

TITLE SD NAME ORTIZ-BUTCHER, CARMEN STREET ADDRESS 6305 CABALLERO BLVD CITY-ST-ZIP CORAL GABLES FL 33146 DELETED

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETED

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES PD NAME ORTIZ-BUTCHER, CARMEN STREET ADDRESS 6305 CABALLERO BLVD CITY-ST-ZIP CORAL GABLES, FL 33146 CHANGED

2.1 TITLE NAME STREET ADDRESS 1847 SW 24 AVENUE CITY-ST-ZIP FT. LAUDERDALE, FL 33312 CHANGED

3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGED

4.1 TITLE SECRETARY SD NAME MOORMAN, ROBERT STREET ADDRESS 915 E. LAS OLAS BLVD. CITY-ST-ZIP FT. LAUDERDALE, FL 33301 CHANGED

5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGED

6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGED

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:

Carmen Ortiz-Butcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)