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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 761458

1. Corporation Name

FLORIDA NARAL, INC.

Principal Place of Business

2900 BRIDGEPORT AVE.
300
COCONUT GROVE FL 33133
US

Mailing Address

P.O. BOX 4321
WEST PALM BEACH FL 33402
US



2. Principal Place of Business

21 Corporation no longer

22 Suite, Apt. #, etc.
has a physical office

23 City & State
location

24 Zip Country
25 29

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country
29 30

3. Date Incorporated or Qualified

01/13/1982

4. FEI Number

59-2169503

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KARLAN, CHARLOTTE E
44 WEST FLAGLER ST.
404
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

Robin Rance-Hoffman

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

1607 16th Terrace

83

84 City

Palm Beach Gardens

FL

85 Zip Code

33418

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)

2/27/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ELLEN, JOYCE
STREET ADDRESS 18680 LAKE BEND DR
CITY-ST-ZIP JUPITER FL 33458

TITLE VPD
NAME PORTER, ALISSA
STREET ADDRESS 2816 NE 24TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33305

TITLE SD
NAME WILLIAMSON, MARTHA
STREET ADDRESS 2681 FITZHUGH DR
CITY-ST-ZIP WINTER PARK FL 32792

TITLE TD
NAME RANCE-HOFFMAN, ROBIN
STREET ADDRESS 7319 73RD WAY
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
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:

JOYCE ELLEN
Signature and typed or printed name of signing officer or director

President

2/27/99

Date

(561) 743-9491

Daytime Phone #

CR2E037 (11/98)