

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

*extended to 9/30/99 by
 Hurricane Floyd.*

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 OCT -1 PM 1:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 762201

1. Corporation Name
JEANNE CRAIG FOUNDATION, INC.

Principal Place of Business Mailing Address
 % JACK L. MCGREGOR % JACK L. MCGREGOR
 5346 PALM WAY 5346 PALM WAY
 LAKE WORTH FL 33463-8023 LAKE WORTH FL 33463-8023



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	05/18/1982	59-2191504	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired		\$8.75 Additional Fee Required
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24	Country	Country			

9. Name and Address of Current Registered Agent

MCGREGOR, JACK L
 2970 JOG RD.
 GREENACRES FL 33467-2002

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	788883009107--1 -10/07/99--01034--020
84	City

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD TURGEON, RUTH F	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	710 SOUTH LAKE DR	1.2 NAME	
STREET ADDRESS	LANTANA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD PROVENCHER, LUCILLE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9905-B CASSIA TREE WAY	2.2 NAME	
STREET ADDRESS	BOYNTON BCH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD HOOVER, JOAN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	744 45TH ST	3.2 NAME	
STREET ADDRESS	W PALM BCH. FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD MCGREGOR, JACK L.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5346 PALM WAY	4.2 NAME	
STREET ADDRESS	LAKE WORTH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		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. 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: *Jack L. McGregor* 9/15/99 (561) 276-7025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0006827

CR2E037 (5/99)