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**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 764564**

1. Corporation Name

## **FILED** Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90106 029 \*\*\*\*61.25

FLORIDA CYSTIC FIBROSIS, INC.							* 85021	90106 2	29 ' -	
Principal Place of Business  % CAROLYN H. SHUMWAY  4711 NORTH EAST 29TH AVENUE FT. LAUDERDALE FL 33308  Mailing Address  % CAROLYN H. SHUMWA  4711 NORTH EAST 29TH  FT. LAUDERDALE FL 33308  FT. LAUDERDALE FL 33308										
2. Principal	Place of Business	2a. Mailing Address	<del>-</del>			3. Date Incorpora	ited or Qualife	d		
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¬ ''	ot. #, etc.	Suite, Apt. #, etc.				4. FEI Number		- :		oplied For
22   City & St	tate	27				59-2222847	<u>,                                     </u>	:		lot Applicable
23	iate	City & State				5. Certifcate of St	atus Desired	П		Additional
Zip	Country	Zip								Required
4	25	29		ıntry		6. Election Campa			\$5.00	May Be
	9. Name and Address of Curre	ent Registered Agent	30	Ι	· · · · · · · · · · · · · · · · · · ·	Trust Fund Cor			Added	to Fees
		-g		81	Name	10. Name and Add	cress of New	Registered	Agent	<del> </del>
SHUMW	AY, CAROLYN H.							_		
	E. 29TH AVENUE			82	Street Addres	ess (P.O. Box Number	r is Not Accep	table) .		
	DERDALE FL 33308			83	· · · · · · · · · · · · · · · · · · ·		<del></del>		<del></del> .	<del></del> -
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office or agent. I :	am ramiliar with, and accept the obliga	ロフィルハルカイノ	es, the at uthorized rida Statu	by th	named corporation	ration submits this states to be and of directors.	tement for the I hereby acce	purpose o	f changing its intment as re	registered egistered
agent. 1 ; SIGNATURE	am rangillar with, and accept the obligation of the state	ations of, Section 617.0503, Flore way and title if applicable. (NOTE:	rida Statu Registered	ites.	named corporation e corporatio	the reinstating)	Thereby acce	J -	9-99	egisterea
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indicated on this annual report or supplies with this limit does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic 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 Slock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

772-1624