


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **F93000001682 (4)**

1. Corporation Name

**THE NATIONAL ASSOCIATION FOR THE CRANIOFACIALLY
HANDICAPPED, INCORPORATED**

Principal Place of Business

**744 MCCALLIE AVE., SUITE 433
CHATTANOOGA TN 37403**

Mailing Address

**P. O. BOX 11082
CHATTANOOGA TN 37401-2082
US**



| | |
|--|--|
| 3. Date Incorporated or Qualified 04/05/1993 | 3a. Date of Last Report 03/21/1996 |
|--|--|

| | | | |
|---|----------------------------------|--|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 4. FEI Number 23-7069285 | Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 | Country 30 |

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATE, PEGGY
DIANA DRIVE
RT 5 BOX 268-B
LAKE CITY FL 32024**

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | CD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEST, THILO H | 1.2 NAME | |
| STREET ADDRESS | 1220 SUNSET DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SIGNAL MOUNTAIN TN 37377 | 1.4 CITY-ST-ZIP | |
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FITZPATRICK, JANE A | 2.2 NAME | STEVE RICHOLSON |
| STREET ADDRESS | 89 S CREST RD | 2.3 STREET ADDRESS | 1734 LAKEWOOD CIRCLE |
| CITY-ST-ZIP | CHATTANOOGA TN | 2.4 CITY-ST-ZIP | HIXSON, TN 37343 |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCRUGGS, BOOKER T | 3.2 NAME | |
| STREET ADDRESS | UPWARD BOUND(UT) C-615 MCCALLIE AVENUE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHATTANOOGA TN 37403 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 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 do 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.

SIGNATURE: *Thilo H. Best* **THILO H. BEST** 3/25/97 413-266-1632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078830

CR2E037 (9/96)