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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **F93000001682**

1. Corporation Name
THE NATIONAL ASSOCIATION FOR THE CRANIOFACIALLY HANDICAPPED, INCORPORATED

Principal Place of Business	Mailing Address
744 MCCALLIE AVE., SUITE 433 CHATTANOOGA TN 37403	P. O. BOX 11082 CHATTANOOGA TN 37401 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/05/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7069285 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PATE, PEGGY
DIANA DRIVE
RT 5 BOX 266-B
LAKE CITY FL 32024

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
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 _____ 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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ 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	CD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	KENT, JONATHAN F		2.2 NAME		
STREET ADDRESS	832 GEORGIA AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHATTANOOGA TN 37402		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	CD	☐ Change ☒ Addition
NAME	MCCARTER, MARK		3.2 NAME	ROBIN HAYS	
STREET ADDRESS	5959 SHALLOWFORD RD		3.3 STREET ADDRESS	825 OLD DALLAS ROAD	
CITY-ST-ZIP	CHATTANOOGA TN 37421		3.4 CITY-ST-ZIP	CHATTANOOGA, TN 37405	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: ROBIN HAYS SIGNATURE REQUIRED 1/12/99 423-756-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #