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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000003386**

1. Corporation Name

BARBARA ANNE DEBOER FOUNDATION, INC.

Principal Place of Business

**2069 S. BUSSE ROAD
MT PROSPECT IL 60056**

Mailing Address

**2069 S. BUSSE ROAD
MT PROSPECT IL 60056**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/28/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	36-3779733
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
24	29	\$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	\$5.00 May Be Added to Fees
		Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EMERSON, MICHAEL J
2131 W. SEWAHA ST.
TAMPA FL 33612**

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

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	1.1 TITLE
NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS
CITY-ST-ZIP	1.4 CITY-ST-ZIP
PCD	
DEBOER, EDWARD	
710 BROUGHAM	
OAK BROOK IL	
TITLE	2.1 TITLE
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	2.4 CITY-ST-ZIP
VD	
FLANAGAN, MARTIN	
27 W 200 WATERFORD	
WINFIELD IL	
TITLE	3.1 TITLE
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP
D	
PANG, DARREN	
1828 E INDIANA	
WHEATON IL	
TITLE	4.1 TITLE
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP
SD	
VAN BYSSUM, KENNETH	
2S710 ASHLEY DR	
GLEN ELLYN IL 60137	
TITLE	5.1 TITLE
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TD	
VAN DYKE, JAMES	
11N215 E. INDIAN	
WHEATON IL 60187	
TITLE	6.1 TITLE
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; 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:

SIGNATURE REQUIRED

James Van Dyke, Treasurer

1-28-98

847-981-0130

Date

Daytime Phone #

CR2E037 (11/98)