


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 25, 1999 8:00 am  
Secretary of State

03-25-1999 90023 011 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F96000001680</b>					
1. Corporation Name <b>ORPHANS INTERNATIONAL FOUNDATION, INC.</b>					
Principal Place of Business <b>9200 MARIGOLD CT FT. MYERS FL 33919</b>			Mailing Address <b>9200 MARIGOLD CT FT. MYERS FL 33919</b>		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>04/03/1996</b>	
				4. FEI Number <b>22-3177131</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>SANDERS, LEONARD L 9200 MARIGOLD COURT FT. MYERS FL 33919</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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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			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	DPT			1.1 TITLE			
NAME	SANDERS, LEONARD			1.2 NAME			
STREET ADDRESS	9200 MARIGOLD COURT			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL			1.4 CITY-ST-ZIP			
TITLE	DS			2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGOVERN, MARY			2.2 NAME			
STREET ADDRESS	55 HUDSON RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	SUDBURY MA 01776			2.4 CITY-ST-ZIP			
TITLE	D			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARIZMENDI, HERNAN			3.2 NAME			
STREET ADDRESS	3 AMBER LEAF COURT, THE WOODLANDS			3.3 STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77381			3.4 CITY-ST-ZIP			
TITLE	D			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHEUNG, WING			4.2 NAME			
STREET ADDRESS	3038 SUMMIT DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	FREMONT CA 94555			4.4 CITY-ST-ZIP			
TITLE	D			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCHALE, JAMES T REV.			5.2 NAME			
STREET ADDRESS	116 CENTRAL ST.			5.3 STREET ADDRESS			
CITY-ST-ZIP	ACTON MA 01720			5.4 CITY-ST-ZIP			
TITLE	D			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANDERS, JEANNE H			6.2 NAME			
STREET ADDRESS	9200 MARIGOLD COURT			6.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL			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: *Leonard L. Sanders* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99

Date

941-466-4229

Daytime Phone #

CR2EN37 (11/98)