

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004652

FILED
Jan 08, 2010
Secretary of State

Entity Name: INTERNATIONAL STILL'S DISEASE FOUNDATION, INC.

Current Principal Place of Business:

1123 S KIMBREL AVE
PANAMA CITY, FL 324049007

New Principal Place of Business:

Current Mailing Address:

1123 S KIMBREL AVE
PANAMA CITY, FL 324049007

New Mailing Address:

FEI Number: 59-3721417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIMES, ROBERT E
1123 S KIMBREL AVE
PANAMA CITY, FL 324049007 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC
Name: KUFAHL, THOMAS
Address: 3101 EAGLE AVE
City-St-Zip: WAUSAU, WI 54401 US

Title: DP
Name: TRILLER, CAROLE
Address: 3816 21ST AVE.
City-St-Zip: VERNON, BC V1T-6R2 CA

Title: DV
Name: BOERNER, PATRICIA
Address: P.O.BOX 760
City-St-Zip: IDYLLWILD, CA 925490760 US

Title: MED
Name: STEINMAN, HARRY M.D.
Address: 420 BUTTONWOOD LANE
City-St-Zip: LARGO, FL 33770 US

Title: DST
Name: HIMES, ROBERT E
Address: 1123 S KIMBREL AVE
City-St-Zip: PANAMA CITY, FL 324049007 US

Title: DST
Name: HIMES, CAROLE
Address: 1123 S KIMBREL AVE
City-St-Zip: PANAMA CITY, FL 324049007 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT E HIMES

DST

01/08/2010

Electronic Signature of Signing Officer or Director

Date