

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004652

FILED  
Jan 06, 2011  
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:**

1123 S. KIMBREL AVE.  
PANAMA CITY, FL 32404

**Current Mailing Address:**

1123 S KIMBREL AVE  
PANAMA CITY, FL 324049007

**New Mailing Address:**

1123 S. KIMBREL AVE.  
PANAMA CITY, FL 32404

**FEI Number:** 59-3721417

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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:**

HIMES, ROBERT E  
1123 S. KIMBREL AVE.  
PANAMA CITY, FL 32404 US

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:**

01/06/2011

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: 3916 21ST AVE  
City-St-Zip: VERNON, BC V1T 6R2 CA

Title: DV  
Name: BOERNER, PATRICIA  
Address: 26350 DELANO RD. SP 17  
City-St-Zip: IDYLLWILD, CA 92549 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 32404 US

Title: DST  
Name: HIMES, CAROLE  
Address: 1123 S. KIMBREL AVE.  
City-St-Zip: PANAMA CITY, FL 32404 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

TREA

01/06/2011

Electronic Signature of Signing Officer or Director

Date