

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 21, 1999 8:00 am
Secretary of State

06-21-1999 90002 037 ****61.25

DOCUMENT # N03879

1. Corporation Name

J. M. COLEMAN RESEARCH CENTER INC.

Principal Place of Business

2800 OAK ST.
SARASOTA FL 34237

Mailing Address

2800 OAK ST.
SARASOTA FL 34237



2. Principal Place of Business

21 **SAME**

Suite, Apt. #, etc.

22 **SAME**

City & State

23 **SAME**

Zip

Country

24 **SARASOTA**

25 **FL**

26 **USA**

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

27 **SAME**

City & State

28 **SAME**

Zip

Country

29 **SARASOTA**

30 **FL**

31 **USA**

3. Date Incorporated or Qualified

06/25/1984

4. FEI Number

65-0041312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GARRETT, DR. NELSON LEE
2800 OAK STREET
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name **DR. ANNADELL M. HARRIS**
82 Street Address (P.O. Box Number is Not Acceptable)
2800 OAK STREET
83 **SARASOTA, FL**
84 City **FL** 85 Zip Code **34237**

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

Dr. Annadell M. Harris

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	GARRETT, DR. NELSON LEE	
STREET ADDRESS	2800 OAK ST	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HARRIS, ANNADELL	
STREET ADDRESS	2800 OAK ST	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	WIGGINS, MARYEDITH	
STREET ADDRESS	108 PROSPECT AVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	BLANKENSHIP, JUANITA	
STREET ADDRESS	112 ASPEN ST	
CITY-ST-ZIP	MARSHALL IL 62441	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Dr. Annadell M. Harris **ANNADELL M. HARRIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

366
1-941-366-
5931

CR2E037 (11/98)

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