


FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N08484					
1. Corporation Name UPLEDGER FOUNDATION, INC.					
Principal Place of Business 11211 PROSPERITY FARMS RD D-325 PALM BEACH GARDENS FL 33410 US			Mailing Address 11211 PROSPERITY FARMS ROAD D-325 PALM BEACH GARDENS FL 33410 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/02/1985	
22 City & State		27 City & State		4. FEI Number 59-2551433	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
PODESTA, CARI A P.A. 11382 PROSPERITY FARMS RD STE 227 PALM BEACH GARDENS FL 33410			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	UPLEDGER, JOHN				
STREET ADDRESS	11211 PROSPERITY FRMS RD				
CITY-ST-ZIP	PALM BEACH GARDENS FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	LYNCH, BOB				
STREET ADDRESS	14046 HARBOR LANE				
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410				
TITLE	DST	<input type="checkbox"/> DELETE			
NAME	WILKINSON, JOHN				
STREET ADDRESS	SOUTH COLLEGE, 1760 N CONGRESS AVE				
CITY-ST-ZIP	W PALM BEACH FL 33409				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SABLE, WILLIAM				
STREET ADDRESS	11211 PROSPERITY FARMS RD				
CITY-ST-ZIP	PALM BEACH GARDENS FL				
TITLE	DV	<input type="checkbox"/> DELETE			
NAME	SMITH, KAY				
STREET ADDRESS	955 HILLSBORO MILE				
CITY-ST-ZIP	HILLSBORO BCH FL 33062				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	LAWRENSEN, NANETTE				
STREET ADDRESS	246 EAGLETON LAKES BLVD				
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418				



CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Upedger **SIGNATURE REQUIRED** 1/18/99 (501) 622-4334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #