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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N10825

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FOUNDATION FOR THE CARE AND CURE OF HUNTINGTON'S DISEASE, INC.

Delegated Diseased			· · · · · · · · · · · · · · · · · · ·				
Principal Place of Business Mailing Address					**************************************	2.,	
82681 OVERSEAS HWY ISLAMORADA FL 33036		PO BOX 1084 Islamorada Fl 33036					
					3. Date incorporated or Qualified 08/22/1985	3a. Date of Last 02/08/1	
2. Principal Place	e of Business	2a. Mailing Address			4. FEI Number 59-2584925		Applied For
21	alo	Suite, Apt. #, etc.			39 2304923		Not Applicable Additional
Suite, Apt. #,:	etc.	27 Suite, Apri. #, etc.			5. Certificate of Status Desired	T	Required
City & State		City & State			6. Election Campaign Financing	\$5.0	May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country		8. This corporation has liability for in		. 199.032,
24	25	29	30		Florida Statutes		
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
			81	Name			
CT CORPORATION SYSTEM			82 Street		Address (P.O. Box Number is Not Acceptable)		
	INE ISLAND ROAD		83				
PLANTATIO	ON FL 33324		00				
			84	City		FL 85 Z	p Code
	Aba	and 617 1509. Florido State	too the shows as	mad sorner	ration submits this statement for the purp		registered offic
11. Pursuant to	d agent, or both, in the State of Flori	da. Such change was author	ized by the corpor	ation's boar	rd of directors. Thereby accept the appoint	intment as registered	d agent. I am
or registered	and eccent the obligations of Soct	tion 617.0503, Florida Statute	9S.				
familiar with,	, and accept the obligations of, Sect						
familiar with, SIGNATURE	, ,	t and talk if mechanics	OTE: So victored Agent o	egoatura camira	of when renel it no	DATE	
familiar with, SIGNATURE	ignature, typed or printed name of registered agent		NOTE: Registered Agent s	agnature require		DATE	DRS IN 12
familiar with, SIGNATURE Sig 12.	grature, typed or printed name of registered agent OFFICERS AN	D DIRECTORS	13.	signature require	ADDITIONS CHANGES TO OFFIC		DRS IN 12
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone II

CR2E037 (12/9: