

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90105 010 ****61.25

DOCUMENT # **N24167**

1. Corporation Name

E.A.S.E. FOUNDATION, INC.

Principal Place of Business

6500 NOVA DR
DAVIE FL 33317
US

Mailing Address

6500 NOVA DR
DAVIE FL 33317
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/30/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0050648

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

25

29

30

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLEINRICHERT, JAMES E.
6255 STERLING RD.
DAVIE FL 33314

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **OWEN, LINDA J.**
STREET ADDRESS **6591 SW 45TH STREET**
CITY-ST-ZIP **DAVIE FL**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME **CADY, CHARLES**
STREET ADDRESS **4431 SW 64TH AVE**
CITY-ST-ZIP **DAVIE FL**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Sandra Cencebaugh

TITLE ☒ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME **DEL BORRELLO, MARY**
STREET ADDRESS **4725 SW 62 AVENUE, #5-203**
CITY-ST-ZIP **DAVIE FL 33314**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

D Jay Piriz
2301 N. UNIVERSITY DR
Pembroke Pines, FL 33024

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **KLEINRICHERT, JIM**
STREET ADDRESS **6255 STERLING ROAD**
CITY-ST-ZIP **DAVIE FL**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **DEAN, SUSAN**
STREET ADDRESS **6591 SW 45TH STREET**
CITY-ST-ZIP **DAVIE FL**

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☒ Change ☐ Addition

NAME **DIXON, ROSETTA**
STREET ADDRESS **1773 N STATE ROAD 7**
CITY-ST-ZIP **LAUDERHILL FL**

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

DS

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:

Linda J. Owen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99
Date

954-797-1077
Daytime Phone #

CR2E037 (11/98)