


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26338** (6)

1. Corporation Name

REFLEX SYMPATHETIC DYSTROPHY SYNDROME ASSOCIATION OF FLORIDA INC.

Principal Place of Business

Mailing Address

**1265 SO SEMORAN BLVD.
STE 1247 LAKEVIEW CT.
WINTER PARK FL 32792**

**1265 SO SEMORAN BLVD.
STE 1247 LAKEVIEW CT.
WINTER PARK FL 32792**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/09/1988

3a. Date of Last Report
05/01/1996

4. FEI Number

59-3157272

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **1265 S SEMORAN BLVD.**
Suite, Apt. #, etc.

27 **SAME**
Suite, Apt. #, etc.

22 **SUITE 1202, BUILD #4**
City & State

28
City & State

23 **WINTER PARK, FL.**
Zip

28
Zip

24 **32792** Country

29
Country

9. Name and Address of Current Registered Agent

**STILES, LINDA R.
1265 SO SEMORAN BLVD
STE 1247 LAKEVIEW CTR
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

81 Name

NOTE: SUITE # CHANGED

82 Street Address (P.O. Box Number is Not Acceptable)

83

SUITE 1202 BUILD #4

84

WINTER PARK, FL. FL

85 Zip Code

32792

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	STILES, LINDA R.	
STREET ADDRESS	1265 S. SEMORAN BLVD. STE 1202	
CITY-ST-ZIP	WINTER PARK FL 32792	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DUNNAWAY, RODNEY	
STREET ADDRESS	125 BOXRIDGE RUN	
CITY-ST-ZIP	LONGWOOD FL 32750	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BERGER, SCOTT M.D.	
STREET ADDRESS	501 GLADES ROAD	
CITY-ST-ZIP	BOCA RATON FL 33432	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WEBB, PAULA	
STREET ADDRESS	1265 SO SEMORAN BLVD.	
CITY-ST-ZIP	WINTER PARK FL 32792	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, SHARON	
STREET ADDRESS	P.O. BOX 181 N.A.	
CITY-ST-ZIP	DEBARY FL 32713	

TITLE	TT	<input type="checkbox"/> DELETE
NAME	RECH, PAULINE	
STREET ADDRESS	7530 WAUNATTA CT.	
CITY-ST-ZIP	WINTER PARK FL	

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 do 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.

SIGNATURE SIGNATURE REQUIRED

CP2E037 (4/97)