

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90138 026 ****70.00

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DOCUMENT # N27225

1. Corporation Name

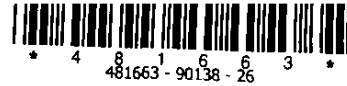
ALTERNATIVES FOUNDATION, INC.

Principal Place of Business

**3071 TERRACE AVE.
NAPLES FL 34104
US**

Mailing Address

**3071 TERRACE AVE
D 107
NAPLES FL 34104
US**



2. Principal Place of Business

3065 Terrace Ave.

2a. Mailing Address

3065 Terrace Ave.

3. Date Incorporated or Qualified

06/24/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0059047

Applied For

Not Applicable

City & State

Naples, Fl.

City & State

Naples, Fl.

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

Zip

Country

34104

USA

Zip

Country

34104

USA

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**HAMILTON, PHILIP L.
2663 AIRPORT RD S
D 107
NAPLES FL 33962**

10. Name and Address of New Registered Agent

81 Name

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

4099 9th St. N.

83 Naples,

84 City

Naples

FL

85 Zip Code

34103

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 ☐ DELETE

**PTD
NAME
SLAUSON, CAROL
STREET ADDRESS
3071 TERRACE AVE
CITY-ST-ZIP
NAPLES FL**

TITLE ☐ DELETE

**VD
NAME
REESE, CHARLES I., JR.
STREET ADDRESS
3071 TERRACE AVE
CITY-ST-ZIP
NAPLES FL**

TITLE ☐ DELETE

**SD
NAME
HAMILTON, PHILIP L.
STREET ADDRESS
2124 AIRPORT ROAD SOUTH
CITY-ST-ZIP
NAPLES FL 34112**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**1.2 NAME
1.3 STREET ADDRESS
3065 Terrace Ave.
1.4 CITY-ST-ZIP
NAPLES, FL. 34104**

2.1 TITLE ☒ Change ☐ Addition

**2.2 NAME
2.3 STREET ADDRESS
3065 Terrace Ave.
2.4 CITY-ST-ZIP
Naples, Fl. 34104**

3.1 TITLE ☒ Change ☐ Addition

**3.2 NAME
3.3 STREET ADDRESS
4099 9th St. N.
3.4 CITY-ST-ZIP
Naples, FL. 34103**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ 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 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99

941-725-2819

CR2E037 (1/98)