

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N36501 (7)

1. Corporation Name

NATIONAL GRAVES' DISEASE FOUNDATION, INC.



Principal Place of Business

Mailing Address

320 ARLINGTON ROAD  
JACKSONVILLE FL 32211

320 ARLINGTON ROAD  
JACKSONVILLE FL 32211

3. Date Incorporated or Qualified

02/07/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2459 WHISPERING WOODS BLVD

26 2459 WHISPERING WOODS BLVD

4. FEI Number

59-3009617

Applied For

Not Applicable

Suite, Apt. #, etc.

22 2

Suite, Apt. #, etc.

27 2

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☒ No

23 JACKSONVILLE, FL

28 JACKSONVILLE, FL

24 32246

25

29 32246

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTERSON, NANCY  
320 ARLINGTON ROAD  
JACKSONVILLE FL 32211

81 Name

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

2459 WHISPERING WOODS BLVD, #2

83

84 City

JACKSONVILLE

FL

85 Zip Code

32246

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

*Nancy Patterson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME PATTERSON, NANCY H.  
STREET ADDRESS 320 ARLINGTON ROAD  
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME PATTERSON, NANCY H.  
1.3 STREET ADDRESS 2459 WHISPERING WOODS BLVD #2  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE D ☐ DELETE  
NAME RICE, LEE  
STREET ADDRESS 320 ARLINGTON ROAD  
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME RICE, LEE  
2.3 STREET ADDRESS 2459 WHISPERING WOODS BLVD #2  
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE D ☐ DELETE  
NAME MCCORD, CLINTON D., JR.  
STREET ADDRESS 320 ARLINGTON ROAD  
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME MCCORD, CLINTON D., JR.  
3.3 STREET ADDRESS 2459 WHISPERING WOODS BLVD #2  
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE D ☐ DELETE  
NAME BUCHER, ROBERT L.  
STREET ADDRESS 320 ARLINGTON ROAD  
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME BUCHER, ROBERT L.  
4.3 STREET ADDRESS 2459 WHISPERING WOODS BLVD #2  
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Nancy Patterson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 704 877 5250  
Date Daytime Phone #

CR2E037 (12/95)