


FILED
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Secretary of State

04-22-1999 90131 039 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N40395 1. Corporation Name FLORIDA NARCOLEPSY ASSOCIATION, INC.		
Principal Place of Business 7501 142ND AVENUE N. #377 LARGO FL 33771 US	Mailing Address P.O. BOX 7304 SEMINOLE FL 33775 US	



21. Principal Place of Business 5104-43RD AVE W	22. Mailing Address 5104-43RD AVE W.	3. Date Incorporated or Qualified 10/08/1990
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 59-3033120
23. City & State BRADENTON FL	28. City & State BRADENTON FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip 34209	25. Country US	29. Zip 34209
26. Country US	30. Country US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SOMMERKAMP, ROBERT 7501 142ND AVENUE N. LARGO FL 33771	10. Name and Address of New Registered Agent 81. Name GOETTSMANN, NORMA L. 82. Street Address (P.O. Box Number is Not Acceptable) 5104 43RD AVE W 83. 84. City BRADENTON	85. Zip Code FL 34209
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 NORMA L. GOETTSMANN TREASURER 3/20/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>		

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE STD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE GOETTSMANN, NORMA L.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SOMMERKAMP, ROBERT		1.2 NAME	
STREET ADDRESS 7501 142ND AVENUE N., #377		1.3 STREET ADDRESS 5104-43RD AVE W	
CITY-ST-ZIP LARGO FL		1.4 CITY-ST-ZIP BRADENTON FL 34209	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE VIDIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BETTS, MARY		2.2 NAME CIROVIC, MARION L.	
STREET ADDRESS 10457 COOPERWOOD DR.		2.3 STREET ADDRESS 2631 59TH STREET	
CITY-ST-ZIP NEW PORT RICHEY FL 34854		2.4 CITY-ST-ZIP SARASOTA, FL 34243	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE FAY, Robert	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FAY, ROBERT		3.2 NAME	
STREET ADDRESS 16211-2ND ST. E.		3.3 STREET ADDRESS Reading Tow. Bldg FL	
CITY-ST-ZIP REDINGTON BEACH FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GOETTSMANN, ROBERT		4.2 NAME	
STREET ADDRESS 5104 43RD AVE. W.		4.3 STREET ADDRESS 3412 CLARK RD #232	
CITY-ST-ZIP BRADENTON FL		4.4 CITY-ST-ZIP SARASOTA FL 34231	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RHODES, RON		5.2 NAME	
STREET ADDRESS 3773 WAKE AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME UNDERWOOD, GLENN		6.2 NAME	
STREET ADDRESS 12240-69TH TERR N		6.3 STREET ADDRESS	
CITY-ST-ZIP SEMINOLE FL 34842		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 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: **SIGNATURE REQUIRED** **3/20/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NORMA L. GOETTSMANN
norma L. Goettmann

CR2E037-41198