

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41276

1. Corporation Name

CHILD HEALTH ASSISTANCE PROJECT, INC.

Principal Place of Business

% G. NEAL WIGGINS
809 N. STONE ST.
DELAND FL 32720

Mailing Address

% G. NEAL WIGGINS
809 N. STONE ST.
DELAND FL 32720

FILED

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	12/13/1990
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3044960
24 Country	29 Country	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

9. Name and Address of Current Registered Agent

WIGGINS, G. NEAL
809 N. STONE ST.
DELAND FL 32720

10. Name and Address of New Registered Agent

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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OP WIGGINS, G. NEAL	1.1 TITLE	Vice President
NAME	WIGGINS, G. NEAL	1.2 NAME	
STREET ADDRESS	809 N. STONE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	
TITLE	OV ZIMMERMAN, MARK A.	2.1 TITLE	PRESIDENT
NAME	ZIMMERMAN, MARK A.	2.2 NAME	
STREET ADDRESS	431 E. NEW YORK AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	
TITLE	S. SUSAN GELMAN	3.1 TITLE	
NAME	SUSAN GELMAN	3.2 NAME	
STREET ADDRESS	2777 WHITEHURST	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724	3.4 CITY-ST-ZIP	
TITLE	T. LUDWIG, MARY JEAN	4.1 TITLE	
NAME	LUDWIG, MARY JEAN	4.2 NAME	
STREET ADDRESS	505 E. NEW YORK AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *G. Neal Wiggins* **SIGNATURE REQUIRED** *G. Neal Wiggins MD* 1/8/99 904-738-1942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)