FILE NOW: FILING FEE IS \$61.25

NONPROFIT · CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Aug 26 1998 8:00am

AININ	1998		DIVISION OF C			Secretar	y or S	state
DOCU 1. Corporali	MENT #	N49719						
]	(non member	1 Health	Founda	tion, I,	، ۲			
Principal Place	ce of Business Camino dal Ce		ng Address OX 6570	<u> </u>				
Tucsm	-	7.00	UCSMAZ	-0	i	3. Date Incorporated or Qualified		
854	. •	_	85728			4. FEI Number 034354		pplied For ot Applicable
<u> </u>	Place of Business del	X 3 7 /A 12011	Aailing Address 2.0 8 6X 65 768	755728		5. Certificate of Status Desired	Fee R	Additional equired
Suite, Apt	.#, e tc. /	27 S	luite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Gity & Sta	Sm.AZ		Com A	ス		7. Is this nonprofit corporation a homeo	owners associatio	
2 8757	S count	ŠA 3	5728	Country A		This corporation owes or has paid the Personal Property Tax due June 30.		tangible 1 No
	9. Name and Addr	ess of Current Register				10. Name and Address of New Regist	<u></u>	
Clayton Dankers 500 181 Name Barry Hechtman								
			4	82 Strept	Addres	s (P.O. Box Number is Not Acceptable)		
	Michala	: \$ Lock hav	ST -th	83		ule 301		
	MIAMI PO	Biscayne S	CA17 90.45	DOC 64 CITY	<u> </u>		FL 85 Zip	Code
11. Pursuant	to the provisions of Sec	tions 617.0502 and 617.	.1508, Florida Statutes	s, the above-named	corpora	ation submits this statement for the purpo	ose of changing it	is 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, Elorida Statutes.								
SIGNATURE		to of registered agent and fille if a	pplicable (NOTE	Bogistered Agent signature	e required v		OATE	
12.		OFFICERS AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	Chairman		DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS	Alan Bell		8578	1.2 NAME 1.3 STREET ADDRESS				
CHTY-S1-ZIP	416/ N. Camin	o dal Celasmi	TUSMAR	1.4 CITY-ST-ZIP	j			
TITLE	Executive D		DELETE	2.1 TITLE			Change	☐ Addition
NAME	Joan Sch		8578	2.2 NAME	l			
STREET ADDRESS	4161 N. Can	un del Calaron	Tucan A?	2 3 STREET ADDRESS				
CITY-ST-ZIP TITLE		11 (DELETE	2 4 CHTY-ST-ZIP 3.1 TITLE	 		Change	Addition
NAME	Barry He	chrman - C	TREOSURER.	3.2 NAME				
STREET ADDRESS	8900 SW 12	Tank Sule	301	3.3 STREET ADDRESS				
CITY - ST - ZIP	M10M1, 13	33176	DELETE	3.4 CHY-ST-ZIP 4.1 TITLE			Change	☐ Addition
NAME	Vivian Be	(1		4. 2 NAME			Onlingo	- Mauriton
STREET ADDRESS	3745 NE /	7/57		4.3 STREET ADDRESS	1			
CITY-ST-ZIP	- Non Mia	a Boads Fl	A 35/60	4.4 CITY - ST - ZIP				
TITLE	, ,,,	7	L. DELETE	5.1 TITLE		500002625	Change	☐ Addition
NAME STREET ADDRESS	1			5.2 NAME 5.3 STREET ADDRESS		_004 \$ {4,30,_0101001	017	
CITY - ST - ZIP				5 4 CITY - ST - ZIP		***61.25		
TITLE			DELETE	6.1 TITLE			☐ Change	Addition
NAME				6.2 NAME			Ŋ	$Q_{i,j}$
STREET ADDRESS				6.3 STREET ADDRESS			*	4.24
0/TY-\$1-ZIP 14. Thereby o		cupplied with this filing	g does not qualify for	6.4 CITY - \$1 - ZIP the exemption state	L ed in Sed	ction 119.07(3)(i), Florida Statutes. I furth	er certify that the	information
14. Thereby 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 supplied on the same legal effect as if made under oath; that I am an officer or director of the consortation for property of the consortation of the consortation for the consortation of the consortat								

Alan Bell
PRINTED NAME OF SIGNING OFFICER OF DIRECTOR