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CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50902 (8)

1. Corporation Name

CYSTIC FIBROSIS SUPPORT, HOPE AND RESEARCH PROGR
AM, INC., (CF SHARP)

Principal Place of Business	Mailing Address
P.O. BOX 90103 GAINESVILLE FL 32607 US	P.O. BOX 90103 GAINESVILLE FL 32607 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/18/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3159040 — 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
7. Nonprofit with IRS 501(c)3 Tax Exempt Status [ ] **$68.75** Supplemental Fee Not Required
8. Does corporation has liability for intangible tax under § 199.032, Florida Statutes? [ ] Yes [ ] No

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSON, WILLIAM B. 4631 N.W. 31ST TC GAINESVILLE FL 32605	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 Section 607.0505 and 607.0506, 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. Having been named the appointed or registered agent, I am familiar with and hereby accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. Additional Officers and Directors (Attach Additional Sheet if Needed)	
TITLE	CD	TITLE	[ ] Change [ ] Addition
NAME	MUDRY, JOY	NAME	
STREET ADDRESS	230 NW 4TH ST	STREET ADDRESS	
CITY, STATE, ZIP	HIGH SPRINGS FL	CITY, STATE, ZIP	
TITLE	CD	TITLE	[ ] Change [ ] Addition
NAME	MITCHELL, LISA	NAME	
STREET ADDRESS	126 ANN ST.	STREET ADDRESS	
CITY, STATE, ZIP	HAWTHORNE FL	CITY, STATE, ZIP	
TITLE	ST	TITLE	[ ] Change [ ] Addition
NAME	JOHNSON, WILLIAM B.	NAME	
STREET ADDRESS	4631 N.W. 31ST TC	STREET ADDRESS	
CITY, STATE, ZIP	GAINESVILLE FL	CITY, STATE, ZIP	
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	BROWN, P. AUSE	NAME	
STREET ADDRESS	4001 NW 9TH CT	STREET ADDRESS	
CITY, STATE, ZIP	GAINESVILLE FL	CITY, STATE, ZIP	
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	HART, THOMAS F.	NAME	
STREET ADDRESS	999 SW 16TH AVE #87	STREET ADDRESS	
CITY, STATE, ZIP	GAINESVILLE FL	CITY, STATE, ZIP	
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	ABBOTT, KAREN J.	NAME	
STREET ADDRESS	2158 NW 9TH AVE	STREET ADDRESS	
CITY, STATE, ZIP	GAINESVILLE FL	CITY, STATE, ZIP	

14. I hereby certify that the information contained herein, to the best of my knowledge and belief, is true and complete and that my signature shall have the same legal effect as if made under oath. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears above, or on the attached list, with my address.

SIGNATURE: William B. Johnson — William B. Johnson — 4-28-95 — 904-373-8111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0020700