

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 # N92000000451 (6)

1. Corporation Name

FLORIDA CHAPTER OF BATTEN'S DISEASE SUPPORT AND
RESEARCH ASSOCIATION, A FLORIDA NONPROFIT CORP

Principal Place of Business

1625 28TH AVE.
ST. PETERSBURG FL 33714

Mailing Address

1625 28TH AVE.
ST. PETERSBURG FL 33714



3. Date Incorporated or Qualified

11/19/1992

3a. Date of Last Report

04/20/1995

4. FEI Number

59-3152894

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

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



Yes ☒ No

9. Name and Address of Current Registered Agent

UPCHURCH, KAREN A
1625 28TH AVENUE NORTH
ST. PETERSBURG FL 33713

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, if applicable,

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME RINE, HARRY M
STREET ADDRESS 6354 DUNBARTON
CITY-ST-ZIP NORTH PORT FL

TITLE DV ☐ DELETE
NAME RINE, SHELLEY
STREET ADDRESS 6354 DUNBARTON ST.
CITY-ST-ZIP NORTH PORT FL

TITLE DST ☐ DELETE
NAME UPCHURCH, KAREN
STREET ADDRESS 1625 28TH AVE.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME CARMEN CEO
1.3 STREET ADDRESS 7 CLUB CIRCLE
1.4 CITY-ST-ZIP Tequesta, FL 33469

2.1 TITLE DV ☒ Change ☐ Addition
2.2 NAME MERRY AN CEO
2.3 STREET ADDRESS 7 CLUB CIRCLE
2.4 CITY-ST-ZIP Tequesta, FL 33469

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREN A. UPCHURCH SECRETREAS

1/17/96

813 894 4318

CR2E037 (12/95)