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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARAMENT OF STATE

Sandra B. Mortfalm

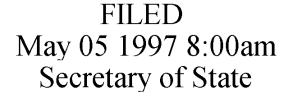
Secretary of State



DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name N92000000451 (6)

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





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,	ce of Business	Mailing Addre	55			A AMERICAN AND IMPORTANT MERLI AREA		
1625 28TH AV St. Petersbu			1625 28TH AVE. St. Petersburg fl 33714					
						3. Date Incorporated or Qualified 11/19/1992	3a. Date of Last 01/25/1	
2. Principal P	Place of Business	2a. Mailing Ad	dress			4. FEI Number	A	pplied For
21		26						tot Applicable
Suite, Apt		Suite, Apt.			··, ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	5. Certificate of Status Desired		Additional Required
City & Stat	te	City & Stat	e 			Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zıp	Country	Zip		Country	,	8. This corporation has liability for		s. 199.032,
24	25	29	30				Yes No	
·	9. Name and Address of (Current Registered Agen	t		1 41	10. Name and Address of New Re	gistered Agent	···
ļ				81	Name			
	JRCH, KAREN A 18TH AVENUE NORTH		82 Street		Street Add	dress (P.O. Box Number is Not Acceptable)		
	TERSBURG FL 33713			83				
				84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 6	17.0502 and 617.1508, Flo	orida Statutes, ti	he abovi	e-named corp	poration submits this statement for the		its registered
agent La	registered agent, or both, in the am familiar with, and accept the	e State of Florida, Such Cri a phigations , Section, 61	ange was autik 17.0503, Florida	Statute	y the corpora	poration submits this statement for the ation's board of directors. I hereby acce	pt trie appointment a	s reģisterau
SIGNATURE	Karen L. W.O.	husely Kar	EN A. LLOI	chul	th Se	e Teas.	2/25/91	
	Signature, typed of printed name of regist	tered agent and title if applicable.						
			(NOTE Reg		eni signature requ	yed when reinstating)	/DATE/	90.41.45
12.	/ OFFICE	RS AND DIRECTORS		13.	eni signature requ	uped when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	
TITLE	DP OFFICE	RS AND DIRECTORS		13. 1.1 TITLE	uper erutangia kne			
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TITLE NAME STREET ADDRESS	DP CARMEN CEO 7 CLUB CIRCLE TEQUESTA FL DV	RS AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS		CERS AND DIRECTO	☐ Addition
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