

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90072 026 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000451

1. Corporation Name

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

Principal Place of Business
1625 28TH AVE. N.
ST. PETERSBURG FL 33714

Mailing Address
1625 28TH AVE. N.
ST. PETERSBURG FL 33714

594330 - 90023 - 30



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1625 28th Ave N		26 1625 28th Ave N		11/19/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 ST. Petersburg, FL		27 ST. Petersburg, FL		59-3152894	
City & State		City & State		Applied For	
23 33713 Pinellas		28 33713 Pinellas		<input type="checkbox"/> Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
Country		Country		<input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing	
25		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	

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
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMEN CEO	1.2 NAME	KAREN UPCHURCH
STREET ADDRESS	7 CLUB CIRCLE	1.3 STREET ADDRESS	1625 28th Ave N.
CITY-ST-ZIP	TEQUESTA FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERRY AN CEO	2.2 NAME	CARMEN CEO
STREET ADDRESS	7 CLUB CIRCLE	2.3 STREET ADDRESS	7 CLUB CIRCLE
CITY-ST-ZIP	TEQUESTA FL	2.4 CITY-ST-ZIP	TEQUESTA FL
TITLE	DST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Sec. Treas. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UPCHURCH, KAREN	3.2 NAME	LAURIE LUCE
STREET ADDRESS	1625 28TH AVE. N.	3.3 STREET ADDRESS	814 SANDRINGHAM
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	Lutz Florida
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

KAREN A. UPCHURCH, President
KAREN A. UPCHURCH, President

7/6/99 894-4318
Date Daytime Phone #