

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N92000000670

1. Corporation Name  
B.C.D.S. ALUMNI FOUNDATION OF FLORIDA, INC.

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90030 027 \*\*\*\*61.25

0021000

Principal Place of Business 1069 MAIN ST SEBASTIAN FL		Mailing Address 1069 MAIN ST SEBASTIAN FL	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent  LULICH, STEVEN 1069 MAIN ST SEBASTIAN FL			
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			

3. Date Incorporated or Qualified  
12/07/1992

4. FEI Number  
59-3160969  
Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Election Campaign Financing  \$5.00 May Be  
Trust Fund Contribution Added to Fees

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	D	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELI, CRAIG P		1.2 NAME
STREET ADDRESS	851 E STATE RD 434		1.3 STREET ADDRESS
CITY-ST-ZIP	LONGWOOD FL 32750		1.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGGNATZ, LEE		2.2 NAME
STREET ADDRESS	3705 GARFIELD ST		2.3 STREET ADDRESS
CITY-ST-ZIP	HOLLYWOOD FL 33021		2.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, HENRY A		3.2 NAME
STREET ADDRESS	10725 US #1		3.3 STREET ADDRESS
CITY-ST-ZIP	SEBASTIAN FL 32958		3.4. CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDINA, JOSE		4.2 NAME
STREET ADDRESS	5002 NW 18TH PL		4.3 STREET ADDRESS
CITY-ST-ZIP	GAINESVILLE FL 32605		4.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY, HAROLD		5.2 NAME
STREET ADDRESS	2 SEAOKS TER		5.3 STREET ADDRESS
CITY-ST-ZIP	OMOND BY THE SEA FL 32176		5.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODREAU, GEORGE		6.2 NAME
STREET ADDRESS	516 N MCARTHUR AVE		6.3 STREET ADDRESS
CITY-ST-ZIP	PANAMA CITY FL 32401		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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY A. FISCHER

3/15/99 561-589-3159

Date

Daytime Phone #

CR2E037 (11/98)