

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 # N93000001300 (3)

1. Corporation Name

THE NATIONAL PERINATAL FOUNDATION, INC.



Principal Place of Business

Mailing Address

**3500 EAST FLETCHER AVENUE
SUITE 209
TAMPA FL 33613
US**

**3500 EAST FLETCHER AVENUE
SUITE 209
TAMPA FL 33613
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**LEACHMAN, JULIE
3500 EAST FLETCHER AVENUE
SUITE 209
TAMPA FL 33613**

3. Date Incorporated or Qualified
03/17/1993

3a. Date of Last Report
01/30/1995

4. FEI Number
59-3172681

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **GRAVEN, STANLEY M**
STREET ADDRESS **14930 LAKE FOREST DRIVE**
CITY-STATE-ZIP **TAMPA FL**

TITLE **TD** ☐ DELETE
NAME **BEGUIN, EVERETT M**
STREET ADDRESS **10421 PRESTWICK, NE**
CITY-STATE-ZIP **ALBUQUERQUE NM**

TITLE **D** ☐ DELETE
NAME **CABANISS, MICKI MD**
STREET ADDRESS **POST OFFICE BOX 2803**
CITY-STATE-ZIP **ASHEVILLE NC 28802**

TITLE **VD** ☐ DELETE
NAME **MEURER, JEANNE C**
STREET ADDRESS **1100 BELLEVUE AVENUE**
CITY-STATE-ZIP **ST. LOUIS MO**

TITLE **SD** ☐ DELETE
NAME **HARTLINE, JOHN MD**
STREET ADDRESS **252 EAST LOVELL STREET SUITE 2230**
CITY-STATE-ZIP **KALAMAZOO MI**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **LARRY JONES**
1.3 STREET ADDRESS **P.O. BOX 570 "NIA"**
1.4 CITY-STATE-ZIP **JEFFERSON CITY, MO 65102**

2.1 TITLE **TD** ☒ Change ☐ Addition
2.2 NAME **BEGUIN, EVERETT M.**
2.3 STREET ADDRESS **2828 N. NATIONAL**
2.4 CITY-STATE-ZIP **SPRINGFIELD, MO 65801**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **JUDITH ROEPKE**
3.3 STREET ADDRESS **BALL ST. UNIV. CARMICHAEL HALL, RM. 200**
3.4 CITY-STATE-ZIP **MUNCIE, IN 47306**

4.1 TITLE **VD** ☒ Change ☐ Addition
4.2 NAME **MEURER, JEANNE C.**
4.3 STREET ADDRESS **3828 RUSSELL BLVD**
4.4 CITY-STATE-ZIP **ST. LOUIS, MO 63110**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **FRANK W. BOWEN, JR.**
5.3 STREET ADDRESS **3 GREEN HILL LANE**
5.4 CITY-STATE-ZIP **WYNNEWOOD, PA 19096**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

Stanley M. Graven
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 813-971-1008
Date Daytime Phone #

CR2E037 (12/95)