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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9300001300 (3)
1. Corporation Name

THE NATIONAL PERINATAL FOUNDATION, INC.

22 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Signature, Specificate of Status Desired Suite, Apt. #, etc. Suit	5 Jilied For Applicable dditional quired May Be 5 Fees 9.032,
SUITE 209 TAMPA FL 33613 US 2. Principal Place of Business 2. Principal Place of Business 2. Adaing Address 2. Principal Place of Business 2. Adaing Address 3. Date Incorporated or Qualified 3. Date Incorporation Submits Incorporation Submits this statement for the purpose of changing its regist 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, 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.	5 Jilied For Applicable dditional quired May Be 5 Fees 9.032,
US 2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. A Mailing Address 3. Date incorporated or Qualified OJ/30/1998 4. FEI Number 59-3172681 Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 6. This corporation has liability for intangible tax under s. 19s Florida Statutes 7 yes 8. No 9. Name and Address of Current Registered Agent 7. Name 8. Name 8. Name 8. Name 8. Name 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. This corporation has liability for intangible tax under s. 19s Florida Statutes 9. No 9. Name and Address of Current Registered Agent 8. Name 8. Name 8. Name 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. This corporation submits this statement for the purpose of changing its regist 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. 8. Signature, types of principal range of registered agent agent with, and accept the obligations of, Section 617.0503, Florida Statutes. 8. (NOTE: Rigistered Agent mental agent when registered when remistating) 8. Date of Lappace of Plancipal Corporation's board of directors. I hereby accept the appointment as registered agent with, and accept the obligations of, Section 617.0503, Florida Statutes.	5 Jilied For Applicable dditional quired May Be 5 Fees 9.032,
2a. Mailing Address 25 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 City & State 29 City & State 29 Country 29 Country 29 Country 29 Country 29 Country 29 Country 29 Size Priorida Statutes 30 Name and Address of Current Registered Agent 10 Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agest 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 agest. SIGNATURE Signature, first or priorid name of naystered agent agreety agent when renstating! Apple 59-3172681 Not Sprinter Spansor Spansor	olied For Applicable dditional puired May Be 5 Fees 9.032,
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LEACHMAN, JULIE 3500 EAST FLETCHER AVENUE SUITE 209 TAMPA FL 33613 40 City FL 85 Zip Co 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 regist 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 age Signature. Speed or printed name of registered agent and title if applicable (NOTL: Registered Agent agnature required when renstating) DATE	
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Signature, typical or printed name of registered agent and title if applicable (NOTL: Registered Agent agreature required when reinstating) DATE	
12 OFFICERS AND DIRECTORS	
ADDITIONS/OFFANDES TO OFFICENS AND DIRECTORS	IN 12
	Addition
NAME GRAVEN, STANLEY M 1.2 NAME LARRY JONES	
STREET ADDRESS 14930 LAKE FOREST DRIVE 1.3 STREET ADDRESS P.O. BOX 570 "N/A"	
14 CITY-SI-ZIP SEFFERSON CITY, MO 65/02	
	Addition
NAME BEGUIN, EVERETT M	
STREET ADDRESS 10421 PRESTWICK, NE 23 STREET ADDRESS 2828 N. NATIONAL	
CITY-ST-ZIP ALBUQUERQUE NM 2 4 CITY-ST-ZIP SPRINGFIELD MO 6580 1 THE D DELETE 31 TITLE D TOTAGGE IS	era i de
NAME CABANISS, MICKI MD JUDITH ROEPKE 31 NAME JUDITH ROEPKE 32 NAME JUDITH ROEPKE	Addition
STHEET ADDRESS POST OFFICE BOX 2803 33 STREET ADDRESS BALL ST. UNIV. CARMICHAEL HALL, RN	1.200
ACLIENT TAID COOCCE	
	Addition
NAME MEURER, JEANNE C 4.2 NAME MEURER, JEANNE C	J Madicion
STREET ADDRESS 1100 BELLEVUE AVENUE 43 STREET ADDRESS 3828 RUSSELL BLVD	
CITY-ST-ZIP ST. LOUIS MO 44CITY-ST-ZIP ST. LOUIS, MO 63/10	
	Addition
NAME HARTLINE, JOHN MD 52 NAME FRANK W. BOWEN, JR.	
STREET ADDRESS 252 EAST LOVELL STREET SUITE 2230 53 STREET ADDRESS 3 GREEN HILL ANE	
CITY-ST-ZIP KALAMAZOO MI 54CITY-ST-ZIP WYNNEWOOD, PA 19096	
TOTAL CONTROL	Addition
NAME 6.2 NAME	
STREEL ADDRESS 6.3 STREET ADDRESS	
CITY-SI-ZIP 64 CITY-SI-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 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 logal effect as if mac 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	

SIGNATURE:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 813-971-1008

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