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FILED

May 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
US3500 EAST FLETCHER AVENUE
SUITE 209
TAMPA FL 33613-4712
US3. Date Incorporated or Qualified
03/17/19933a. Date of Last Report
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-3172681

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD GRAVEN, STANLEY M ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP
14930 LAKE FOREST DRIVE
TAMPA FL1.1 TITLE PD GRAVEN, STANLEY M ☒ Change ☐ Addition1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
14930 LAKE FOREST DRIVE
TAMPA FL 33549TITLE TD BEGUIN, EVERETT M ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP
10421 PRESTWICK, NE
ALBUQUERQUE NM2.1 TITLE TD BEGUIN, EVERETT A. ☒ Change ☐ Addition2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3720 E. SUGAR HOLLOW
SPRINGFIELD, MO 65809TITLE D CABANISS, MICKI MD ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP
POST OFFICE BOX 2803
ASHEVILLE NC 288023.1 TITLE D BOWEN, FRANK ☐ Change ☒ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
3 GREEN HILL LANE
WYN NEWOOD, PA 19096TITLE VD MEURER, JEANNE C ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP
1100 BELLEVUE AVENUE
ST. LOUIS MO4.1 TITLE VD MEURER, JEANNE C ☒ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
3828 RUSSELL BLVD
ST. LOUIS, MO 63110TITLE SD HARTLINE, JOHN MD ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP
252 EAST LOVELL STREET SUITE 2230
KALAMAZOO MI5.1 TITLE D PERELMAN, ROBERT ☐ Change ☒ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
7513 WIDGEON WAY
MADISON, WI 53717TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Stanley M. Graven

1/9/99

913-272-2755

CR2E037 (9/96)