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Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

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	<input type="checkbox"/> DELETE
NAME	GRAVEN, STANLEY M	
STREET ADDRESS	14930 LAKE FOREST DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BEGUIN, EVERETT M	
STREET ADDRESS	10421 PRESTWICK, NE	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CABANISS, MICKI MD	
STREET ADDRESS	POST OFFICE BOX 2803	
CITY-ST-ZIP	ASHEVILLE NC 28802	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MEURER, JEANNE C	
STREET ADDRESS	1100 BELLEVUE AVENUE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HARTLINE, JOHN MD	
STREET ADDRESS	252 EAST LOVELL STREET SUITE 2230	
CITY-ST-ZIP	KALAMAZOO MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LARRY JONES	
1.3 STREET ADDRESS	3916 BENNINGTON LANE	
1.4 CITY-ST-ZIP	JEFFERSON CITY, MO 65109	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BEGUIN, EVERETT M.	
2.3 STREET ADDRESS	3720 SUGAR HOLLOW	
2.4 CITY-ST-ZIP	SPRINGFIELD, MO 65809	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CABANISS, MICKI	
3.3 STREET ADDRESS	119 BUFFALO TRAIL	
3.4 CITY-ST-ZIP	ASHEVILLE, NC 28805	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MEURER, JEANNE C.	
4.3 STREET ADDRESS	3828 RUSSELL BLVD.	
4.4 CITY-ST-ZIP	ST. LOUIS, MO 63110	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROBERT PERELMAN	
5.3 STREET ADDRESS	316 WENTWORTH CIRCLE	
5.4 CITY-ST-ZIP	BLOOMINGDALE, IL 60108	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DENNIS BRODEUR	
6.3 STREET ADDRESS	477N. LINDBERGH BLVD.	
6.4 CITY-ST-ZIP	ST. LOUIS, MO 63141	

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 on an attachment with an address.

SIGNATURE:

*[Signature]*

2/10/98

813-974-6694

CF2E037 (10/97)