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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N93000004089

1. Corporation Name

THE BRAIDS COMMITTEE, INC.

Principal Place of Business

1611 RIVERSIDE AVE
SUITE 3
JACKSONVILLE FL 32204
US

Mailing Address

1611 RIVERSIDE AVENUE
SUITE 3
JACKSONVILLE FL 32204
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/10/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3201236

Applied For
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARDMAN, LOUISE O
1611 RIVERSIDE AVENUE
SUITE 3
JACKSONVILLE FL 32204

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 **CD** ☒ DELETE

NAME **STOUSE, DENNIS**
STREET ADDRESS **2256 IRONSTONE DR**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

1.1 TITLE ☐ Change ☐ Addition

TITLE **VCD** ☐ DELETE

NAME **COLLINS, DEANN**
STREET ADDRESS **1846 MARGARET ST, #9B**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

1.2 NAME ☐ Change ☐ Addition

TITLE **TD** ☐ DELETE

NAME **SARAGA, FRIEDA**
STREET ADDRESS **3820 LA VISTA CIRCLE NORTH #116**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **SD** ☐ DELETE

NAME **DEBBIE CARTER**
STREET ADDRESS **803 WOODHILL DR**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **CD** ☐ DELETE

NAME **HARDMAN, LOUISE O.**
STREET ADDRESS **1611 RIVERSIDE AVE., #3**
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☒ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

2-14-99

Date

904 737-3353

Daytime Phone #

CR2E037 (11/98)