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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90038 007 ****61.25

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1. Corporation Name

JIM RUTLEDGE SARCOMA CANCER RESEARCH FUND, INC.

Principal Place of Business

1257 SNELL ISLE BLVD. N.E.
ST PETERSBURG FL 33704
US

Mailing Address

1257 SNELL ISLE BLVD., N.E.
ST PETERSBURG FL 33704
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/18/1994

4. FEI Number

59-3230168

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

9. Name and Address of Current Registered Agent

RUTLEDGE, J. MARK
1257 SNELL ISLE BLVD. N.E.
ST PETERSBURG FL 33704

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 RUTLEDGE, J. MARK
STREET ADDRESS 1257 SNELL ISLE BLVD N.E.
CITY-ST-ZIP ST PETERSBURG FL

TITLE SD ☐ DELETE

NAME RUTLEDGE, MANDY
STREET ADDRESS 1257 SNELL ISLE BLVD. N.E.
CITY-ST-ZIP ST PETERSBURG FL

TITLE VD ☐ DELETE

NAME RUTLEDGE, SANDRA
STREET ADDRESS 5102 WHITE PINE CIR N.
CITY-ST-ZIP ST PETERSBURG FL

TITLE VD ☐ DELETE

NAME GODING, CINDY
STREET ADDRESS 3408 W PALMIRA AVE
CITY-ST-ZIP TAMPA FL 33629

TITLE TD ☐ DELETE

NAME GODING, JON
STREET ADDRESS 3408 W PALMIRA AVE
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

727-825-7716

CR2E037 (11/98)