

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # N9400003760

THE AMERICAN NATIONAL DEBT FUND, INC.

Principal Place of Business 7200 SW 8TH AVENUE STE J-58 GAINESVILLE FL 32607

2. Principal Place of Business

Mailing Address 7200 SW 8TH AVENUE STE J-58

2a. Mailing Address

GAINESVILLE FL 32607

## **FILED** Mar 11, 1999 8:00 am secretary of State

03-11-1999 90075 044 \*\*\*\*61.25

Date Incorporated or Qualifed 07/29/1994

Suite, Apt.	# etc	Suite, Apt. #, etc.				4. FEI Number	<del></del> ,	Apr	lied For	
22, , , , , , , , , , , , , , , , ,		27	<b>¬</b>			59-3202039	- '	<u> </u>	Applicable	
City & State	9	City & State				E O W + COLUMN Design		\$8.75 A	dditional	
23		28			•	5. Certifcate of Status Desired		Fee Red	puired	
Zip	Country Zip		Country			6. Election Campaign Financia	ng 🗆	\$5.00	May Be	
24	25	25 29 30			Trust Fund Contribution Added to Fees					
	9. Name and Address of Current	Registered Agent				10. Name and Address of Ne	w Registered	Agent		
HORSLEY, JONATHAN 7200 SW 8TH AVENUE				81 Name						
				82 Street Address (P.O. Box Number is Not Acceptable)						
STE J-58				83		•			}	
GAINESVILLE FL 32607				84 (	City			85 Zip C	ode	
					,	,	FL	<b>.</b>		
office or re	to the provisions of Sections 617.0502 sgistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent	ons of, Section 617.0503,	as authorized	ites.	e corporation	is board or directors. I hereby ac	cept the appo	intment as reg	istered	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	P	DELETE 1.11		1E		**		Change	☐ Addition	
NAME	HORSLEY, JONATHAN E. II	1.2		NAME						
STREET ADDRESS	7200 SW 8TH AVE STE J-58	00 SW 8TH AVE STE J-58			XORESS		-		•	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CN	TY-ST-Z	IP					
TITLE	VST	DELETE	2.1 TIT	LΕ				☐ Change	Addition	
NAME	HORSLEY, JACQUELINE C		2.2 NA	ME						
STREET ADDRESS	7200 SW 8TH AVE STE J-58		2.3 ST	REET AL	DDRESS	·		•		
CITY-ST-ZIP	GAINESVILLE FL		2, 4 Cf	TY-ST-Z	ZIP	•		<u> </u>		
TITLE	D	DELETE	E 3.1 TIT	'LE			•	Change	☐ Addition	
NAME	CLARK, WALLACE R		3.2 NA	ME		•		` -		
STREET ADDRESS	65 CURTIS PARKWAY		3.3 ST	REET AL	DDRESS	•			1	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166		3.4. CI	TY-ST-Z	ZIP	•				
TITLE	D	DELETE	E 4.1 ΠΤ	nLE .				☐ Change	☐ Addition	
NAME	HICKS, MARK		4.2 N/	AME					[	
STREET ADDRESS	P.O. BOX 4683 N/A		4.3 ST	REET AL	DDRESS	,		•		
City-ST-ZIP	HIALEAH FL		4.4 CT	TY-ST-Z	3P					
TITLE	D	☐ DELETE	5.1 TI	TLE .	,			☐ Change	Addition	
NAME	OSTERMAN, DAVID		5.2 NA	ME			•			
STREET ADDRESS	ROUTE 2, BOX 362		5.3 ST	REETAL	ODRESS				1	
CITY-ST-ZIP	MONTEREY TN 38574			TY-ST-Z	ZIP	·				
TITLE		DELETE	6.1 TIT	n.E		€		Change	☐ Addition	
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 ST	REET AL	DDRESS					
CITY-ST-ZIP	_			TY-ST-Z						
14. I hereby	certify that the information supplied wit	h this filing does not qualit	fy for the exer	mption	stated in Se	ection 119.07(3)(i), Florida Statut	es. I further ce	rtify that the in	oformation	

indicated on this annual report or suppowered to execute this report as fequired by Chapter 617, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver or trustee em Block 12 or Block 13 if changed, or on an attachment will an

SIGNATURE: