

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90024 010 ****70.00

DOCUMENT # N94000004068

1. Corporation Name

PHOENIX FOUNDATION, INC.

Principal Place of Business

10271 ORANGE RIVER BLVD
FT MYERS FL 33905
US

Mailing Address

10271 ORANGE RIVER BLVD
FT MYERS FL 33905
US

6 618216 2 90024 10 6 *



2. Principal Place of Business

21 2706 First Street

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

08/19/1994

4. FEI Number

65-0829714

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

City & State

23 Ft. Myers FL

City & State

28 Zip Country

24 33901 25 USA

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMILTON, VICKI
10271 ORANGE RIVER BLVD
FT. MYERS FL 33905

81 Name Vicki Hamilton
82 Street Address (P.O. Box Number is Not Acceptable)
2706 First Street
83
84 City Ft. Myers FL 85 Zip Code 33901

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 DS
NAME GOTT, DEBRA
STREET ADDRESS 1634 POINSETTIA
CITY-ST-ZIP FT MYERS FL 33901

1.1 TITLE DS
1.2 NAME Alan Kuyk
1.3 STREET ADDRESS 2706 First Street
1.4 CITY-ST-ZIP Ft. Myers, FL 33901

TITLE PTD
NAME HAMILTON, VICKI
STREET ADDRESS 10271 ORANGE RIVER BLVD
CITY-ST-ZIP FT MYERS FL 33905

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME LOCKHART, NORA
STREET ADDRESS 10271 ORANGE RIVER BLVD
CITY-ST-ZIP FT. MYERS FL 33905

3.1 TITLE D
3.2 NAME Tom Altman
3.3 STREET ADDRESS 4272 B Island Circle Dr.
3.4 CITY-ST-ZIP Ft. Myers FL 33918

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Vicki Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 7/10/99
Daytime Phone # 334-9432