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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Apr 14, 1999 8:00 am
Secretary of State
04-14-1999 90147 043 ****61.25

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DOCUMENT # N95000000483

1. Corporation Name
ALPHA ONE FOUNDATION, INC.

Principal Place of Business	Mailing Address
2937 S.W. 27 AVE STE. 302 MIAMI FL 33133 US	2937 S.W. 27 AVE STE. 302 MIAMI FL 33133 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/31/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0585415 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WALSH, JOHN W
2937 S.W. 27TH AVE
STE. 302
MIAMI FL 33133

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	WALSH, JOHN W.		1.2 NAME	Brantly, Mark L. M.D.	
STREET ADDRESS	2937 S.W. 27TH AVE, STE. 302		1.3 STREET ADDRESS	1600 SW Archer Rd Rm M -452 MSB	
CITY-ST-ZIP	MIAMI FL 33133		1.4 CITY-ST-ZIP	Gainesville, FL 32610	
TITLE	CD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	FRASER, KAREN L		2.2 NAME	Reese, William F.	
STREET ADDRESS	2682 PALMER PLACE		2.3 STREET ADDRESS	410 Stoneridge Dr	
CITY-ST-ZIP	FT. LAUDERDALE FL 33332		2.4 CITY-ST-ZIP	East Wenatchee, WA 98802	
TITLE	VPD	☐ DELETE	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	COGAN, STEN E		3.2 NAME	Cogan, Stew Esq.	
STREET ADDRESS	117 S MAIN ST, STE. 200		3.3 STREET ADDRESS	117 So Main St Suite 200	
CITY-ST-ZIP	SEATTLE WA 98104		3.4 CITY-ST-ZIP	Seattle WA 98104	
TITLE	STD	☐ DELETE	4.1 TITLE	STD	☒ Change ☐ Addition
NAME	EVERETT, SARA E		4.2 NAME	Everett, Sarah E. Esq.	
STREET ADDRESS	55 SUMMIT STREET		4.3 STREET ADDRESS	101 Gedney St. Apt 40	
CITY-ST-ZIP	NYACK NY 10019		4.4 CITY-ST-ZIP	Nyack, NY 10960	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Stanley, Susan	
STREET ADDRESS			5.3 STREET ADDRESS	2828 Concord, # 153	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Traverse City, MI 49684	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Valenti, Cathy	
STREET ADDRESS			6.3 STREET ADDRESS	2278 No. Astaire Way	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Meridian, ID 83642	

CR2E037 (11/98)

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 March 30, 1999 305-567-9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #