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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N9500002077 (4)

HEALTHLINE FOUNDATION, INC.										
Principal Place of Business Mailing Address						D TODDICKE CARD ADADA MAKAD BORIN BORIN	1911); 4 8191 BB	10 1100 (1011 10	#20 2001 1901	
3780 CLYDE MORRIS BLVD. 3780 CLYDE MORRIS BLVD. #1707 #1707 PORT ORANGE FL 32119 PORT ORANGE FL 32119-820										
PORT ORANGE FL 32119 PORT ORANGE FL 32118-820						pate Incorporated or Qualified 04/25/1995	3a. Date of Last Report 05/01/1996			
2. Principal Place 21 3780			4, F	4. FEI Number 59-3374701			oplied For ot Applicable			
Suite, Apt. #,			5. C	ertificate of Status Desired		4 - · · · ·	Additional equired			
City & State Orange, FL 28 City & State						lection Campaign Financing rust Fund Contribution			May Be to Fees	
24 25 USA 28 30 County					F		☐ Yes [□ No	. 199.032,	
9. Name and Address of Current Registered Agent 81 Name D						10. Name and Address of New Registered Agent				
QUIGG, ROBIN 3780 CLYDE MORRIS BLVD.					Address (P.C	KOBIN QUIGG Idjess (P.O. Box Number is Not Acceptable) = 1707 SO Clyate Morris Blvd = 1707				
POUT ODENOT TO ANGE					1			85 Zip	Code	
11. Pursuant to office or reg agent. I am	the provisions of Sections 617.050 gistered agent, or both, in the State familiar with, and accept the oblig)2 and 617.1508, Florida Statul 3 of Florida. Such change was 1 ations of, Section 617.0503, Fl	ites, the a authorize lorida Stal	bove-name d by the coutes	ort U	Vavvu submits the statement for the ard of directors. I hereby acce	FL purpose o opt the app	. 3	2119	
SIGNATURE	gnature, typed or printed name of registered ag	ert and tille if annicative /NO	TF Registere	Anent sinnelu	re required when re	instation)	DATE	· · · · · · · · · · · · · · · · · · ·		
12. OFFICERS AND DIRECTORS 13.						DITIONS/CHANGES TO OFFI		D DIRECTO	RS IN 12	
TITLE	DP	DELETE	1.1 TI	TLE	1			☐ Change	Addition	
NAME	NAME QUIGG, ROBIN 1.2 NA			AME	1					
STREET ADDRESS 3780 CLYDE MORRIS BLVD., ₱1707 1.38				REET ADDRESS	: [
CITY-ST-ZIP PORT ORANGE FL 32119 1.4 CI				TY-ST-ZIP						
TITLE	D	DELETE	2.1 7/	TLE				Change	Addition	

PEAVY, JEAN 2.2 NAME **4670 ROBERT STREET** STREET ADDRESS 2.3 STREET ADORESS COCOA FL 32927 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE MANG, MICHAEL J NAME 3.2 NAME 2135 GARNET COURT STREET ADDRESS 3.3 STREET ADDRESS **MERRITT ISLAND FL 32953** CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change ___ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. If do 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 of supplemental annual report as five 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 chaffed, of on an arachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SK

SIGNING OFFICEN OR DIRECTOR

4-29-97

FILED

May 19 1997 8:00am

Secretary of State

Daytime Phone #0002449