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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002939

1. Corporation Name

FOUNDATION FOR RESEARCH IN ALTERNATIVE & TRADITIONAL THERAPIES, INC.

Principal Place of Business
**3801 N. FEDERAL HWY.
POMPANO BEACH FL 33064**

Mailing Address
**3801 N. FEDERAL HWY.
POMPANO BEACH FL 33064**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 06/20/1995 4. FEI Number 65-0601903 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

**GAUDIOSI, JOHN
3801 N. FEDERAL HWY.
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

John Gaudiosi
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUDIOSI, JOHN	1.2 NAME	
STREET ADDRESS	3801 N. FEDERAL HWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUDIOSI, JOYCE	2.2 NAME	
STREET ADDRESS	2525 CARAMBOLA CIRCLE NO.	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33066	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIP, RICHARD	3.2 NAME	
STREET ADDRESS	3801 N. FEDERAL HIGHWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAMAN, CHRISTINE	4.2 NAME	
STREET ADDRESS	2525 CARAMBOLA CIRCLE N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33066	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDIN, ALICE	5.2 NAME	
STREET ADDRESS	1200 SE 2ND AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLIS, FRED	6.2 NAME	
STREET ADDRESS	3801 NORTH FEDERAL HIGHWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	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:

John Gaudiosi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

(954) 785-1300

Daytime Phone #

CR2E037 (1/98)