

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90009 031 ****61.25

DOCUMENT # N95000004427

1. Corporation Name

MFCH, INC.

Principal Place of Business
**1022 COMMERCIAL DRIVE
TALLAHASSEE FL 32310**

Mailing Address
**% DONNA NUDD
1402 SOUTH MERIDIAN STREET
TALLAHASSEE FL 32301-4437**

002408 - 90009 - 31



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
09/18/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3339558

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NUDD, DONNA
1402 SOUTH MERIDIAN STREET
TALLAHASSEE FL 32301**

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

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 **D** ☐ DELETE
NAME **GAGE, SUSAN**
STREET ADDRESS **1407 SOUTH MERIDIAN STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **GALLOWAY, TERRY**
STREET ADDRESS **1402 SOUTH MERIDIAN STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE **D** ☐ DELETE
NAME **MILINKOVICH, DONA**
STREET ADDRESS **719 EAST TENNESSEE STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32302**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **NUDD, DONNA**
STREET ADDRESS **1402 SOUTH MERIDIAN STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE **D** ☐ DELETE
NAME **POTTS, ISABELLE**
STREET ADDRESS **1407 SOUTH MERIDIAN STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/99
Date

224-8188
Daytime Phone #

CR2E037 (11/98)

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