

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000866 (1)

1. Corporation Name

THE JOSHUA FRASE FOUNDATION FOR CONGENITAL MYOPATHY RESEARCH, INC.

Principal Place of Business

Mailing Address

% CHARLES C. LEMLEY
200 LAURA STREET
JACKSONVILLE FL 32202

% CHARLES C. LEMLEY
200 LAURA STREET
JACKSONVILLE FL 32202

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

28 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

F&L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

02/19/1996

4. FEI Number

59-7059890

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes ☒ No

10. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ANASTASI, GASPER
245 PARK AVENUE, 2ND FLOOR
NEW YORK NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CASSIDY, WILLIAM
935 MOONLIGHT COVE
COPPELL TX 75019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROCKETT, ELSIE
3010 LBJ FREEWAY, SUITE 120
DALLAS TX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FRASE, PAUL
917 WESTWIND COVE
COPPELL TX 75019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FRASE, ALISON R
917 WESTWIND COVE
COPPELL TX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
200002516462-3
-05/08/98--01008--007
*****61.25 *****61.25

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
D
Rockett, Elsie
95 Alhambra Rd.
Massapequa, N.Y. 11758
Address ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
D
FRASE, Paul
1550 Beach Ave.
Atlantic Beach, FL 32233
Address ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
D
Alison R. Frase
1550 Beach Ave.
Atlantic Beach, FL 32233
Address ☒ Change ☐ Addition

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

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.

SIGNATURE:

Paul M. Frase

Paul M. Frase

4/27/98

904 242 9191

CR2E037 (10/97)

FILED

98 APR 30 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

