

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

FILED

98 APR 30 PM 12:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # N96000000866 (1)

1. Corporation Name
THE JOSHUA FRASE FOUNDATION FOR CONGENITAL MYOPATHY RESEARCH, INC.

Principal Place of Business Mailing Address
% CHARLES C. LEMLEY **% CHARLES C. LEMLEY**
200 LAURA STREET **200 LAURA STREET**
JACKSONVILLE FL 32202 **JACKSONVILLE FL 32202**

3. Date Incorporated or Qualified
02/19/1996
 4. FEI Number **59-7059890** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **28** *Foley & Landner*
22 City & State **27** *P.O. Box 240*
23 *Jacksonville FL*
24 Zip **25** Country **29** *32201-0240* **30** Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$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

9. Name and Address of Current Registered Agent 10. Name and Address of New 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 **85** Zip Code **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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANASTASI, GASPER	1.2 NAME	200002516462-3
STREET ADDRESS	245 PARK AVENUE, 2ND FLOOR	1.3 STREET ADDRESS	-05/08/98--01008--007
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSIDY, WILLIAM	2.2 NAME	
STREET ADDRESS	835 MOONLIGHT COVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COPPELL TX 75019	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCKETT, ELSIE	3.2 NAME	Rockett, Elsie
STREET ADDRESS	3010 LBJ FREEWAY, SUITE 120	3.3 STREET ADDRESS	95 Alhambra Rd.
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP	Massapequa, N.Y. 11758
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASE, PAUL	4.2 NAME	FRASE, Paul
STREET ADDRESS	917 WESTWIND COVE	4.3 STREET ADDRESS	1550 Beach Ave.
CITY-ST-ZIP	COPPELL TX 75019	4.4 CITY-ST-ZIP	Atlantic Beach, FL 32233
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASE, ALISON R	5.2 NAME	Alison R. Frase
STREET ADDRESS	917 WESTWIND COVE	5.3 STREET ADDRESS	1550 Beach Ave.
CITY-ST-ZIP	COPPELL TX	5.4 CITY-ST-ZIP	Atlantic Beach, FL 32233
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Paul M. Frase* **Paul M. Frase** **4/27/98** **904 242 9191**

CR2E037 (10/97)