

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
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90145 046 ****75.00

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1. Corporation Name

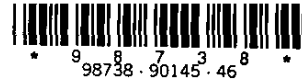
NATIONAL DONATIONS INSTITUTE INC.

Principal Place of Business

1100 SE 5TH CT., STE. 27
POMPANO BEACH FL 33060

Mailing Address

1100 SE 5TH CT., STE. 27
POMPANO BEACH FL 33060



2. Principal Place of Business

21 **2208 IDLEWILD RD**

Suite, Apt. #, etc.

22 **SUITE 4**

City & State

23 **PALM BEACH GARDENS, FL**

Zip

24 **33410**

Country

25 **PALM BEACH**

2a. Mailing Address

26 **2208 IDLEWILD RD**

Suite, Apt. #, etc.

27 **SUITE 4**

City & State

28 **PALM BEACH GARDENS, FL**

Zip

29 **33410**

Country

30 **PALM BEACH**

3. Date Incorporated or Qualified

03/18/1996

4. FEI Number

65-0648011

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KNEEN, JEFFREY D
1400 CENTREPARK BLVD., SUITE 1000
WEST PALM BEACH FL 33401

81 Name

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

83

84 City

FL

85 Zip Code

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 **PD** ☒ DELETE
NAME **PAGE, JOHN E**
STREET ADDRESS **1100 S.E. 5TH COURT, #27**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **D** ☐ DELETE
NAME **GALLAGHER, LAURA M**
STREET ADDRESS **7444 N.E. 17TH TERR.**
CITY-ST-ZIP **BOYONTON BEACH FL 33435**

TITLE **D** ☐ DELETE
NAME **MARS, STEPHANIE**
STREET ADDRESS **4050-16TH AVE. NO**
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TR** ☐ Change ☒ Addition
1.2 NAME **JEFFREY L. HAMMERLUND**
1.3 STREET ADDRESS **6121 S.E. LANDING WAY UNIT 14**
1.4 CITY-ST-ZIP **STUART, FL. 34997**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **744-4 N.E. 12 TERR**
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **4050 26TH AV. NO.**
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D THOMAS E. BROWN**
4.3 STREET ADDRESS **5008 BUFFALO RUN**
4.4 CITY-ST-ZIP **WESTERVILLE, OH. 43081**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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: **Jeffrey L. Hammerlund**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-99 561-691-9540

CR2E037 (11/98)

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