FILE NOW: FILING FEE IS $61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

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

0042096

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # **N96000001600**

1. Corporation Name

NATIONAL DONATIONS INSTITUTE INC.

Principal Place of Business	Mailing Address
1100 SE 5TH CT., STE. 27 POMPANO BEACH FL 33060	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 Qualifed 03/18/1996 4. FEI Number 65-0648011 ☐ Applied For ☐ Not Applicable 5. Certifcate 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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PAGE, JOHN E 1100 S.E. 5TH COURT, #27 POMPANO BEACH FL 33060	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	TR JEFFREY L. HAMMERLUND 6121 S.E. LANDING WAY UNIT 14 STUART, FL. 34997	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALLAGHER, LAURA M 744-4 N.E. 17TH TERR. BOYONTON BEACH FL 33435	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	744-4 N.E. 12 TERR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARS, STEPHANIE 4050-16TH AVE. NO ST. PETERSBURG FL 33713	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	4050 26TH AV. NO.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D THOMAS E. BROWN 5008 BUFFALO RUN WESTERVILLE, OH. 43081	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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: J Hammerlund SIGNATURE REQUIRED Trustee 1-5-99 561-691-9540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #