FILE NOW: FILING FEE IS $61.25

AMENDED
NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
99 NOV 29 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001600

1. Corporation Name

NATIONAL DONATIONS INSTITUTE, INC.

Principal Place of Business	Mailing Address
2208 Idlewild Road Suite 4 Palm Beach Gardens FL 33410	2208 Idlewild Road Suite 4 Palm Beach Gardens FL 33410

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/18/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0648011 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Jeffrey D. Kneen, Esq. Levy, Kneen, Mariani, Curtin 1400 Centrepark Boulevard Suite 1000 West Palm Beach, FL 33401	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 700003067217--7 83 -12/13/99--01008--016 84 City *****61.25 FL *****61.25

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	TR Jeffrey L. Hammerlund 6121 S.E. Landing Way Unit 14 Stuart, FL 34997 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Thomas E. Brown Post Office Box 27193 Columbus, OH 43227 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Stephanie Mars 4050 16th Avenue North St. Petersburg, FL 33713 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P/D Frank A. Kamerling 2921 N.E. 48th Street Lighthouse Point, FL 33064 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Laura M. Gallagher 744-4 N.E. 12th Terrace Boynton Beach, FL 33435 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S/T/D Carole A. Kamerling 2921 N.E. 48th Street Lighthouse Point, FL 33064 ☐ 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	VP/D Linda L. Picciolo 2537 Tortugas Lane Fort Lauderdale, FL 33312 ☐ 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	D Laura M. Gallagher 816 Bamboo Lane Delray Beach, FL 33483 ☒ 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

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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: Linda L. Picciolo LINDA L. PICCIOLO DIRECTOR 11-19-99 561-691-9540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #