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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N96000003731

1. Corporation Name
THE DELORES PASS KESLER FOUNDATION, INC.

Principal Place of Business	Mailing Address
10407 CENTURION PARKWAY NORTH #101 JACKSONVILLE FL 32256-0526	10407 CENTURION PARKWAY NORTH #101 JACKSONVILLE FL 32256-0526

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 9700 Philips Highway	26 9700 Philips Highway	07/11/1996
Suite, Apt. #, etc. 22 ~~#~~ 101	Suite, Apt. #, etc. 27 #101	4. FEI Number 59-3391143 ☐ Applied For ☐ Not Applicable
City & State 23 Jacksonville FL	City & State 28 Jacksonville	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32256 25 USA	Zip / Country 29 32256 30 USA	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
GARTNER, W A 1660 PRUDENTIAL DRIVE #203 JACKSONVILLE FL 32207-8185	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	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	KESLER, DELORES		1.2 NAME		
STREET ADDRESS	~~10407 CENTURION PARKWAY NORTH #101~~		1.3 STREET ADDRESS	9700 Philips Highway #101	
CITY-ST-ZIP	~~JACKSONVILLE FL 32256-0526~~		1.4 CITY-ST-ZIP	Jax FL 32256	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	PASS, DEBORAH		2.2 NAME		
STREET ADDRESS	~~10407 CENTURION PARKWAY NORTH #101~~		2.3 STREET ADDRESS	9700 Philips Highway #101	
CITY-ST-ZIP	~~JACKSONVILLE FL 32256-0526~~		2.4 CITY-ST-ZIP	Jax FL 32256	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	PASS, MARK		3.2 NAME		
STREET ADDRESS	~~10407 CENTURION PARKWAY NORTH #101~~		3.3 STREET ADDRESS	9700 Philips Highway #101	
CITY-ST-ZIP	~~JACKSONVILLE FL 32256-0526~~		3.4 CITY-ST-ZIP	Jax FL 32256	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 4-1-99 — 904-996-7082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)