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Jul 02 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000732 (4)

1. Corporation Name

VENEZUELAN MEDICAL RELIEF, INC.



Principal Place of Business

Mailing Address

3446 MARINATOWN LANE
FORT FORT MYERS FL 33903

3446 MARINATOWN LANE
FORT FORT MYERS FL 33903

3. Date Incorporated or Qualified

02/10/1997

4. FEI Number

65-0724974

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2709 SWAMP CABBAGE CT

26 2709 SWAMP CABBAGE CT

Suite, Apt. #, etc. #5

Suite, Apt. #, etc. #5

City & State

City & State

23 FT MYERS, FL

28 FT MYERS, FL

Zip

Country

Zip

Country

24 33901

25 U.S.A.

29 33901

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROW, JERRY L
3446 MARINATOWN LANE
FORT FORT MYERS FL 33903

BROW, JERRY L.
2709 SWAMP CABBAGE CT
FT. MYERS, FL. 33901

81 Name

BROW, JERRY L

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

2709 SWAMP CABBAGE CT #5

83

84 City

FT MYERS

FL

85 Zip Code

33901

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 Daniel P. Brown

Treasurer

2/7/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME BROW, JERRY L
STREET ADDRESS 3446 MARINATOWN LANE
CITY-ST-ZIP FORT FORT MYERS FL 33903

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

PRESIDENT

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME WHEELER, ADANA
STREET ADDRESS 605 E. LEELAND HEIGHTS BLVD.
CITY-ST-ZIP LEHIGH FL 33936

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

TREASURER

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

BENVIE, DANIEL P
19489 DEVONWOOD CIR
FT MYERS FL 33912

TITLE ☒ DELETE

NAME STROBEL, BRIAN
STREET ADDRESS 6300 SOUTHPOINT, #470
CITY-ST-ZIP FORT MYERS FL 33919

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

DIRECTOR

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

CHRISTINE PATTERSON
3013 DEL PRADO BLVD SUITE 5
CAPE CORAL, FL. 33904

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

SECRETARY

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

PHILIS A. JOHNSON
12480 GATEWAY GREENS DR.
FT. MYERS, FL. 33913

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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.

SIGNATURE: Daniel P. Brown

Treasurer

2/7/98

941-278-2232

CR2E037 (1097)