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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # N97000001277

1. Corporation Name
SHUGAR FAMILY FOUNDATION, INC.

559149 - 90041 - 16

Principal Place of Business	Mailing Address
1211 N CENTER ST PERRY FL 32347	1211 N CENTER ST PERRY FL 32347

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualified: 03/06/1997
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 59-3449189 — Applied For / Not Applicable
City & State (23)	City & State (28)	5. Certificate 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
SHUGAR, JOEL K MD 1211 N CENTER ST PERRY FL 32347	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-PD ☐ DELETE NAME: SHUGAR, JOEL K MD STREET ADDRESS: ~~1211 N CENTER ST~~ 290 N Helen ST CITY-ST-ZIP: PERRY FL 32347		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D/SD ☐ DELETE NAME: SHUGAR, MICHELLE STREET ADDRESS: ~~1211 N CENTER ST~~ 290 N. Helen ST CITY-ST-ZIP: PERRY FL 32347		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D-TD ☐ DELETE NAME: MATTICE, DAVID J STREET ADDRESS: ~~1211 N CENTER ST~~ 213 Pineland ST CITY-ST-ZIP: PERRY FL 32347		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: SIGN AND RETURN DJ Mattice 4/12/99 850-584-2778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)