

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90002 022 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N97000001746**

1. Corporation Name

**BECAUSE I CARE FOUNDATION, INC.**

Principal Place of Business

**434 W. KENNEDY BLVD.  
 ORLANDO, FL 32810**

Mailing Address

**434 W. KENNEDY BLVD.  
 ORLANDO, FL 32810**

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**03/25/97**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**59-3425984**

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBB, PAMELA M.  
 434 W. KENNEDY BLVD.  
 ORLANDO, FL 32810**

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

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 **CD**  DELETE  
 NAME **KELLER, BRENT**  
 STREET ADDRESS **11548 OSPREY POINT BLVD.**  
 CITY-ST-ZIP **CLERMONT, FL 34711**

1.1 TITLE **D**  Change  Addition  
 1.2 NAME **JON CHERRY**  
 1.3 STREET ADDRESS **434 W. KENNEDY BLVD.**  
 1.4 CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **P**  DELETE  
 NAME **ZIMMERMAN, DUANE**  
 STREET ADDRESS **434 W. KENNEDY BLVD.**  
 CITY-ST-ZIP **ORLANDO, FL 32810**

2.1 TITLE **STD**  Change  Addition  
 2.2 NAME **GLORIA GRASS**  
 2.3 STREET ADDRESS **2502 SANDY LANE**  
 2.4 CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE **SD**  DELETE  
 NAME **GARDNER, WAYNE**  
 STREET ADDRESS **10148 PINK CARNATION CT.**  
 CITY-ST-ZIP **ORLAND, FL 32825**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE **D**  DELETE  
 NAME **CARMODY, JULIE**  
 STREET ADDRESS **935 GREENTREE DRIVE**  
 CITY-ST-ZIP **WINTER PARK, FL 32789**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE **D**  DELETE  
 NAME **KASSAB, JERRY**  
 STREET ADDRESS **1059 MAITLAND CENTER COMMONS**  
 CITY-ST-ZIP **MAITLAND, FL 32751**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE **D**  DELETE  
 NAME **HUGHES, LOUIS T.**  
 STREET ADDRESS **1461 VIA TUSCANY**  
 CITY-ST-ZIP **WINTER PARK, FL 32789**

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, with all other like empowered.

SIGNATURE:

**JON CHERRY**

**2/16/99**

**(407) 875-3700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)