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Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001825 (5)**

1. Corporation Name

THE JAMES A. HALEY VETERANS RESEARCH AND EDUCATION FOUNDATION, INCORPORATED



Principal Place of Business 13000 BRUCE B. DOWNS BLVD. TAMPA FL 33612	Mailing Address 13000 BRUCE B. DOWNS BLVD. TAMPA FL 33612
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3. Date Incorporated or Qualified

03/12/1997

4. FEI Number

59-3444354

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 **13000 Bruce B. Downs Blvd.**

22 City & State 27 Suite, Apt. #, etc. **(151)**

23 City & State 28 City & State **Tampa, Florida**

24 Zip 25 Country 29 Zip 30 Country **33612 USA**

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No **N/A**

9. Name and Address of Current Registered Agent

**DOWLING, RUTH
10000 BAY PINES BLVD.
BAY PINES FL 33744**

10. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	SILVER, RICHARD A	
STREET ADDRESS	13000 BRUCE B. DOWNS BLVD.	
CITY-ST-ZIP	TAMPA FL 33612	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FARESE, ROBERT V	
STREET ADDRESS	13000 BRUCE B. DOWNS BLVD.	
CITY-ST-ZIP	TAMPA FL 33612	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RAINWATER, CARLOS L	
STREET ADDRESS	P.O. BOX 31003	
CITY-ST-ZIP	ST. PETERSBURG FL 33731	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWEN, THOMAS E	
STREET ADDRESS	13000 BRUCE B. DOWNS BLVD.	
CITY-ST-ZIP	TAMPA FL 33612	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROOT, ALLAN W	
STREET ADDRESS	801 6TH STREET, SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

Robert V. Faresse, M.D.

REQUIRED

1/16/98

813-972-7563

CR2E037 (10/97)