

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 12, 1999 8:00 am  
Secretary of State

05-12-1999 90001 008 \*\*\*\*70.00

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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  
SUITE 151  
TAMPA FL 33612  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

03/12/1997

4. FEI Number

59-3444354

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME SILVER, RICHARD A  
STREET ADDRESS 13000 BRUCE B. DOWNS BLVD.  
CITY-ST-ZIP TAMPA FL 33612

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME FARESE, ROBERT V  
STREET ADDRESS 13000 BRUCE B. DOWNS BLVD.  
CITY-ST-ZIP TAMPA FL 33612

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME RAINWATER, CARLOS L  
STREET ADDRESS P.O. BOX 31003  
CITY-ST-ZIP ST. PETERSBURG FL 33731

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

TITLE D ☐ DELETE  
NAME BOWEN, THOMAS E  
STREET ADDRESS 13000 BRUCE B. DOWNS BLVD.  
CITY-ST-ZIP TAMPA FL 33612

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

TITLE D ☐ DELETE  
NAME ROOT, ALLAN W  
STREET ADDRESS 801 6TH STREET, SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33701

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, with all other like empowered.

SIGNATURE:

Robert FARESE MD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

813-972-7563

Date

Daytime Phone #

CR2E037 (11/98)