

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
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90271 016 ****61.25

DOCUMENT # N97000001826

1. Corporation Name

NORTH FLORIDA VETERANS RESEARCH CORPORATION, INC

Principal Place of Business

**901 SOUTH MARION STREET
LAKE CITY FL 32025-5898**

Mailing Address

**901 SOUTH MARION STREET
LAKE CITY FL 32025-5898**



2. Principal Place of Business

21
Suite, Apt. #, etc.

23
City & State

24
Zip

25
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

29
Country

3. Date Incorporated or Qualified

03/12/1997

4. FEI Number

59-3452193

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

Ruth Dowling, Agent

Signature, typed or printed name of registered agent or director if applicable

(NOTE: Registered Agent signature required when reinstating)

April 20, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **NORMAN, ALLINE L**
STREET ADDRESS **RT. 21, BOX 448**
CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE **D** ☒ DELETE

NAME **SCHLEHR, JAMES M**
STREET ADDRESS **801 SOUTH MARION STREET**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **D** ☐ DELETE

NAME **BHASKAR, GIRISH**
STREET ADDRESS **801 SOUTH MARION STREET**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **D** ☐ DELETE

NAME **LEE, MICHAEL**
STREET ADDRESS **RT. 19, BOX 1030**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **D** ☐ DELETE

NAME **SOTO, DUFFY**
STREET ADDRESS **RT. 19, BOX 1030**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **D** ☐ DELETE

NAME **VANOUS, KENNETH L**
STREET ADDRESS **801 SOUTH MARION STREET**
CITY-ST-ZIP **LAKE CITY FL 32025-5898**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **Schilling, Paul J.**
1.3 STREET ADDRESS **3701 Hwy 47 South**
1.4 CITY-ST-ZIP **Lake City, FL 32025**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **Foster, Craig**
2.3 STREET ADDRESS **801 S. Marion Street**
2.4 CITY-ST-ZIP **Lake City, FL 32025**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **Meyer, Marlis**
3.3 STREET ADDRESS **801 S. Marion Street**
3.4 CITY-ST-ZIP **Lake City, FL 32025**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **Block, Edward R.**
4.3 STREET ADDRESS **1601 SW Archer Rd. Suite 151**
4.4 CITY-ST-ZIP **Gainesville, FL 32608**

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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 (904) 755-3016 x2308
Date Daytime Phone #

CR2E037 (11/98)