	NONP	ROFIT			
1	CORPO	RATION			
		REPORT			
1000					

Principal Place of Business

1408 BAYTOWNE AVENUE DESTIN FL 32541



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Sucretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700003096

1. Corporation Name

THE SUPER-FANTASTIC FOUNDATION, INC.

Mailing Address

150 EGLIN PKWY NE FT WALTON BCH FL 32548 FILED

99 JUL 21 ATTO: 40

SEUNETANT OF STATE TALLAHASSEE, FLORIDA

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2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed			
21		26 348 Miracle S	trip	Pkwy.S	SW 05/29/1997			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number SC. 2AHY 102 Applied For			
22		27 Paradise Vill	age-	Ste:	APPLIED FOR Not Applicable			
City & Stat	6	City & State	5-	1	5. Certificate of Status Desired \$8.75 Additional			
23		28 Fact Walter	<u>v 150</u>	ach,	Fee Required			
Zip	Country	Zip Cur	Country	•	6. Election Campaign Financing \$5.00 May Be			
24	25	29 ラスペ78 30	<u> </u>		Trust Fund Contribution Added to Fees			
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent				
	•		81	Name				
NEWMAN	, RAYMOND F JR		82	82 Street Address (P.O. Box Number is Not Acceptable)				
150 EGLI	N PARKWAY N.E.	•						
FT WALTO	ON BEACH FL 32548		83					
			84	City	85 Zio Code			
			**	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								
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	I algnature requ	ofred when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D OFFICERS AND	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND BRECTORS IN 12			
	, —	□ beceit		1	/-			
NAME	HARRELL, KEITH		1.2 NAME		Ro. Bux 81268			
STREET ADDRESS	1408 BAYTOWNE AVE		1.3 STREET	ADDRESS *	P.O. BOX 81268 ATlanta, GA 30366			
CITY-ST-ZIP	DESTIN FL 32541		1.4 CITY-ST	-ZIP	MIGNIG, GA. 30,566			
TITLE	D	DELETE	2.1 TITLE		Jacrell, Florence N. Change XYAddison 1208-26th AVE. East			
NAME	-REAM, HEIDI	(22 NAME	H	arrell and the			
STREET ADDRESS	4234 N WINFIELD SCOTT PLAZA		2.3 STREET	ADDRESS				
CITY-ST-ZIP	SCOTTSDALE AZ 85251		2.4 CITY-S	T-ZIP	scattle, wa 98112			
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition			
NAME	MCWASHINGTON, TONI		3.2 NAME		Mallict, Toni			
STREET ADDRESS	1208 28TH AVENUE EAST		3.3 STREET	ADDRESS /	11 32th AVE East			
CITY-ST-ZIP	SEATTLE WA 98112		3.4. CITY-S	T-ZIP	SCAHOL Was 981/2			
TITLE		DELETE	4.1 TITLE		Change DAddition			
NAME	1		4. 2 NAME		2000029391222 -07/22/9901091005			
STREET ADDRESS			4.3 STREET	ADDRESS	******61.25 ******61.25			
CITY-6T-20P			4.4 CITY-S1	-ZIP	******O1.23 ******O1.23			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition			
NAME			5.2 NAME	ŀ				
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY- \$1	-ZIP				
TITLE		DELETE	6.1 TITLE		Change Addition			
NAME			6.2 NAME	Į.	- 50			
STREET ADDRESS		4	63 STREET	ADDRESS	-7 -			
GINEEI NUUNESS		•	BACITY C					

14. 1 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:

AND TYPED ON PRINTED HAME OF BIGNING OFFICER OR DIRECTOR

3/26/99 730451-3190

CR2E037 (11/98)