FILE NOW: FILING FEE IS \$61.25

27

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

WEST PALM BEACH FL 33470

2. Principal Place of Business

DURDEN, TONI T

16266 ORANGE BLVD

WEST PALM BEACH FL 33470

Suite, Apt. #, etc.

City & State

18266 ORANGE BLVD

21

22

23 Zip

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N97000003702 (4) DOCUMENT #

THE CELEBRITY CHOICE FOUNDATION, INC.

Country

9. Name and Address of Current Registered Agent

FILED Apr 13 1998 8:00am Secretary of State

Mailing Address					
16266 ORANGE BLVD WEST PALM BEACH FL 33470	3. Date Incorporated or Qualified 06/26/1997				
	4. FEI Number Applied For				
	65-0819166 Not Applicable				
2a. Mailing Address	5. Certificate of Status Desired Section Fee Required				
Suite, Apt. #, etc.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
City & State	7. Is this nonprofit corporation a homeowners association?				
Zip Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
nistered Agent	10 Name and Address of New Registered Agent				

Street Address (P.O. Box Number is Not Acceptable)

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

B1

B2

83

Name

agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agont 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	1.1 TITLE	D	Change	Addition		
NAME	DURDEN, TONI T		1.2 NAME	Robert L. Duraen 16266 Orange Bive Loxahatchee, FL				
STREET ADDRESS	16266 ORANGE BLVD		1.3 STREET ADDRESS	16266 Orange BIV	:뇌			
CITY-ST-ZIP	WEST PALM BEACH FL 33470		1.4 CITY - ST - ZIP	Loxahatcher, FL	33470			
TITLE	D	* MATE (7)	2.1 TITLE	D	Change	Addition		
NAME	RE INER, DAVID C	-	2.2 NAME			İ		
STREET ADDRESS	127 YACHT CLUB WAY #111		2.3 STREET ADDRESS					
CITY-ST-ZIP	HYPOLUXO FL 33462		2. 4 CITY-ST-ZIP					
TITLE	D	DIPERENT D	3.1 TITLE		☐ Change	Addition		
NAME	REINER, JANIS T		3.2 NAME			į		
STREET ADDRESS	127 YACHT CLUB WAY #111		3.3 STREET ADDRESS					
CITY-ST-ZIP	HYPOLUXO FL 33462		3.4. CITY-ST-ZIP					
TITLE	0	DELETE	4.1 TITLE		☐ Change	Addition		
NAME	JOHNSON, GARY		4. 2 NAME	.				
STREET ADDRESS	9253 ROCKY MESA PL		4.3 STREET ADDRESS			Ì		
C/TY-ST-ZIP	WEST HILLS CA 91304		4.4 CITY - ST - ZIP					
TITLE		☐ DELETE	5.1 TITLE	300002488 -04/14/9801070-	Change	Addition		
NAME			5.2 NAME		muU5			
STREET ADDRESS			5.3 STREET ADDRESS	***61,25				
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	61 TITLE		☐ Change	Addition		
NAME			6.2 NAME		l	$ \mathcal{E} $		
STREET ADDRESS			6.3 STREET ADDRESS		Γ	4.13		
						7773		

6.4 CITY-ST-ZIP 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 resten 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.

CITY-ST-ZIP

4/5/08

701 7926000

Zip Code