


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90040 049 \*\*\*\*61.25

0046668

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000003702</b>					
1. Corporation Name <b>THE CELEBRITY CHOICE FOUNDATION, INC.</b>					
Principal Place of Business 16266 ORANGE BLVD WEST PALM BEACH FL 33470			Mailing Address 16266 ORANGE BLVD WEST PALM BEACH FL 33470		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 06/26/1997 4. FEI Number 65-0819166 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>DURDEN, TONI T 16266 ORANGE BLVD WEST PALM BEACH FL 33470</b>			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D <input type="checkbox"/> DELETE NAME DURDEN, TONI T STREET ADDRESS 16266 ORANGE BLVD CITY-ST-ZIP WEST PALM BEACH FL 33470			1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Carol Turner 1.3 STREET ADDRESS 290 Miles Rd. 1.4 CITY-ST-ZIP Collinsville, VA 24078		
TITLE D <input checked="" type="checkbox"/> DELETE NAME REINER, DAVID C STREET ADDRESS 127 YACHT CLUB WAY #111 CITY-ST-ZIP HYPOLOUXO FL 33462			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> DELETE NAME REINER, JANIS T STREET ADDRESS 127 YACHT CLUB WAY #111 CITY-ST-ZIP HYPOLOUXO FL 33462			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> DELETE NAME JOHNSON, GARY STREET ADDRESS 9253 ROCKY MESA PL CITY-ST-ZIP WEST HILLS CA 91304			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME DURDEN, ROBERT L STREET ADDRESS 16266 ORANGE BLVD CITY-ST-ZIP WEST PALM BEACH FL 33470			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)