FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 27, 1999 8:00 am Secretary of State

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

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DOCUMENT:	#	N970)00003	702

Corporatio	NI INDINO					1.				
THE CE	LEBRITY CHOICE FOUNDA	TION, INC.								
-Principal Plac	oe of Business	Mailing Address								
						1 10 0 11 10 10 10 11 10 11 10 11 10 11 10 11	O 88111 #8111			
16266 ORANGE BLVD WEST PALM BEACH FL 33470 16266 ORANGE BLVD WEST PALM BEACH FL 33470 WEST PALM BEACH FL 33470										
2. Principal F	Place of Business	ze of Business 2a. Mailing Address 26				3. Date incorporated or Qualifed 06/26/1997				
Suite, Apt.	# etc	Suite, Apt. #, etc.				4. FEI Number		Apr	olied For	
22	-	27				65-0819166			Applicable	
City & Sta	te ·	City & State	_					\$8.75 A	dditional	
23		28				5. Certifcate of Status Desired		Fee Rec	quired	
Zip	Country	Zip	Cou	ntry		6. Election Campaign Financing		\$5.00 N	May Be	
24	25	29	30			Trust Fund Contribution		Added to		
 [9. Name and Address of Curren	t Registered Agent				10. Name and Address of New	Registered	i Agent		
				81 Nam	е					
DURDEN,	TONI T		}	82 Stree	t Addre	ss (P.O. Box Number is Not Accept	able)			
	RANGE BLVD		\							
	LM BEACH FL 33470			83						
***************************************			4	84 City				85 Zip Ci	ode	
1			ſ	1 1			<u> Fi</u>		}	
11. Pursuani office or agent. La	t to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obliga	2 and 617.1508, Florida Statu of Florida. Such change was a tions of, Section 617.0503, Flo	tes, the at authorized orida Statu	ove-name by the coutes.	d corpo poration	ration submits this statement for the i's board of directors. I hereby acce	purpose o	of changing its regi pintment as regi	egistered (
SIGNATURE								-	-	
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE		Agent signatur	e required	when reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A			
TITLE	D	☐ DELETE	1.1 TIT		10			Change	Addition	
NAME	DURDEN, TONI T		1.2 NA	WE	Ca	rol Turner				
STREET ADDRESS	10000 010		1.3 ST	REET ADORES	s 20	70 Miles Rd.	1-70			
CTTY-ST-ZIP	WEST PALM BEACH FL 33470		_	Y-ST-ZIP	160	Minsville, VA 29	40 18°	Change	Addition	
TITLE	D	DELETE	2.1 ग्रा					☐ Change	☐ Addition }	
NAME	REINER, DAVID C		2.2 NA							
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			REET ADDRES	S					
CITY-ST-ZIP	HYPOLUXO FL 33462	EZ per eve	-	TY-ST-ZIP	<u> </u>			Change	Addition	
TITLE	D	DELETE	3.1 111					□ Gridinge		
NAME	REINER, JANIS T		3.2 NA							
STREET ADDRESS			- 1	REET ADDRES	8	•				
CITY-ST-ZIP	HYPOLUXO FL 33462	O DEI ETE	3.4. CF	ry-ST-ZIP	+	<u></u>		Change	Addition	
TITLE	D CARY	DELETE	1							
NAME	JOHNSON, GARY		4.2NA					•	1	
STREET ADDRESS	0200 1100111 11120111			REET ADDRES	9		_	جريانا سايداني	, 	
CITY-ST-ZIP	WEST HILLS CA 91304	DELETE	4.4 CIT	Y-ST-ZIP				☐ Change	Addition	
TITLE	D DIPOCH PORCET I	["] Dece 16	5.1 NA					,		
NAME	DURDEN, ROBERT L			REET ADDRES	s				ļ	
STREET ADDRESS	10000 010 11.000 00.00		- 1	Y-ST-ZIP	-	•				
CITY-ST-ZIP	WEST PALM BEACH FL 33470	DELETE	6.1 TIT		+	<u></u>		Change	Addition	
TITLE		F1 Dereit	6.2 NA					,	- '	
NAME)			REET ADDRES	s				}	

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.

6.4 CITY-ST-ZEP

SIGNATURE:

CITY-ST-ZIP