SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9700005288

GRATITUDE HOUSE FOUNDATION, INC.

Principal Place of Business				Mailing Address	Mailing Address			1 10013101 012 19111 30017 20111 90111 001	(150/115) 514 (151/1 150/1 201	
317 NORTH LAKE SID E COURT WEST PALM BEACH FL 33407					317 NORTH LAKESIDE COURT WEST PALM BEACH FL 33407			3. Date Incorporated or Qualified 09/17/1997		
								4. FEI Number 65-0782545	Applied For Not Applicable	
2. 21	Principal Place of Business The Principal Place of Business			2a. Mailing Add	2a. Mailing Address 26			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	Sulte, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be	
22	22			27	., ., <u></u>			Trust Fund Contribution	Added to Fees	
ļ	City & State			├ ─ `	City & State			7. Is this nonprofit corporation a hom	eowners association? Yes No	
23	Zip	Zip Country Zip			Zip Country			8. This corporation owes or has paid		
24	Zψ		25	29	30]		Personal Property Tax due June 3		
24		9. Name		ent Registered Agent		<u>'</u>		10. Name and Address of New Reg		
						81	61 Name			
ĺ	GATTOZZI,	KAREN B				82	Street	Address (P.O. Box Number is Not Acceptable)	
317 NORTH LAKESIDE COURT							0.,000		· · · · · · · · · · · · · · · · · · ·	
WEST PALM BEACH FL 33407					63			15		
						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										
Signature, typed or printed name of registered agent and title if applicable (NOTE: F						13.	ent signatu	are required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12	
12	rle (Ď	OFFICERS	(=3	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	Change X Addition	
'		NAGEL. S	ARAH I	U'	DELETE	1.2 NAME		see attached	Change A regular	
1	REET ADDRESS		ERSIDE DRIVE			1.3 STREET	ADDRESS	see a machea		
	ry-st-zip		A FL 33469			1.4 CITY-ST	r-ZIP			
	LE	D			DELETE	2.1 TITLE			Change Addition	
N.A	ME	CHRISTIA	N, MARGARET H			2.2 NAME		See attached	• •	
ST	REET ADORESS	2 WINDS	. *			2.3 STREET	ADDRESS	scc anachea		
cr	ry-st-zip	PALM BE	ACH GARDENS FL 3	33418		2.4 CITY-ST	T-ZIP			
TI	LE	D			DELET E	3.1 TITLE			Change Addition	
NA.	ME	LAWRENC	E, JOAN E			3.2 NAME		see attached	. •	
\$T	REET ADORESS		KENWOOD ROAD			3.3 STREET	ADDRESS	SEE anaunea		
-	TY-ST-ZIP	PALM BE	<u>ACH GARDENS FL 3</u>	33418		3.4 CITY-S	r-ZIP	see attached		
111	IL E	D			DELETE	4.1 TITLE		.,,	Change Addition	
N/	ME		i, Barbara J			4.2 NAME		see attached		
1	REET ADDRESS		ITH CONGRESS AV	ENUE		4.3 STREET		occ anacres		
-	TY-ST-ZIP	W. PALM	BEACH FL 33406			4.4 CITY-S' 5.1 TITLE	I-ZIP		Character Maddistan	
ı	rle 				DELETE	5.2 NAME		4/ 1	Change Addition	
ļ	ME	l				5.3 STREET	ANNDESS	see attached		
i	REET ADDRESS					5.4 CITY-S		000 12 1/1 22 1		
	TY-ST-ZIP				DELETE	6.1 TITLE			Change Addition	
1	ME			السا	DECE 16	6.2 NAME		1 1 0	- A	
1	REET ADDRESS					6.3 STREET	ADDRESS	see attached see attached		
ı "'		!					-			

SIGNATURE:

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing gloes 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 of trustee employment to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or on an attachment with an address. 9-15.98 561 833-7507

FILED

Oct 07 1998 8:00am

Secretary of State

NAME	TITLE
Margaret Christian	D
20 Dunbar Road Palm Beach, FL 33480	
Annie A. Keller	D
2800 North Flagler Drive West Palm Beach, FL 33401	
David S. Dodson	D/VP
708 South Dixie Highway West Palm Beach, FL 33401	
Georgine Jessup	D
86 Golfview Drive Tequesta, FL 33469	
Sharon Cohen	D
220 Atlantic Avenue, #2 Palm Beach, FL 33480	
Lyn Garret	D/P
317 North Lakeside Court West Palm Beach, FL 33407	
Carrie Ann Webb	D/T
208 Clematis Street #501 West Palm Beach, FL 33401	