

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90177 020 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000005288

1. Corporation Name

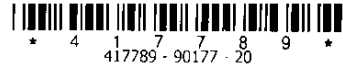
GRATITUDE HOUSE FOUNDATION, INC.

Principal Place of Business

317 NORTH LAKESIDE COURT
 WEST PALM BEACH FL 33407

Mailing Address

317 NORTH LAKESIDE COURT
 WEST PALM BEACH FL 33407



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/17/1997

4. FEI Number

65-0782545

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

GATTOZZI, KAREN B
317 NORTH LAKESIDE COURT
WEST PALM BEACH FL 33407

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
 NAME **NAGEL, SARAH J**
 STREET ADDRESS **19223 RIVERSIDE DRIVE**
 CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **D** ☒ DELETE
 NAME **CHRISTIAN, MARGARET H**
 STREET ADDRESS **2 WINDSOR LANE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **D** ☐ DELETE
 NAME **LAWRENCE, JOAN E**
 STREET ADDRESS **100 BRACKENWOOD ROAD**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **D** ☒ DELETE
 NAME **COLEMAN, BARBARA J**
 STREET ADDRESS **1109 SOUTH CONGRESS AVENUE**
 CITY-ST-ZIP **W. PALM BEACH FL 33406**

TITLE **D** ☒ DELETE
 NAME **CHRISTIAN, MARGARET**
 STREET ADDRESS **20 DUNBAR ROAD**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **D** ☒ DELETE
 NAME **KELLER, ANNIE A**
 STREET ADDRESS **2800 NORTH FLAGLER DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D Lynne Shahade / Pres.** ☐ Change ☒ Addition
 1.2 NAME **3546 S. Ocean Ave. #518**
 1.3 STREET ADDRESS **Palm Beach, FL 33480**
 1.4 CITY-ST-ZIP

2.1 TITLE **D Carrie Webb Bradburn / Treas.** ☐ Change ☒ Addition
 2.2 NAME **3033 Ridgeway Ave.**
 2.3 STREET ADDRESS **West Palm Beach, FL 33405**
 2.4 CITY-ST-ZIP

3.1 TITLE **D Mark Shahade / Sec.** ☐ Change ☒ Addition
 3.2 NAME **3546 S. Ocean Ave. #518**
 3.3 STREET ADDRESS **Palm Beach, FL 33480**
 3.4 CITY-ST-ZIP

4.1 TITLE **D Georgine Jessup / Dir.** ☐ Change ☒ Addition
 4.2 NAME **80 Golfview Drive**
 4.3 STREET ADDRESS **Tequesta, FL 33469**
 4.4 CITY-ST-ZIP

5.1 TITLE **D David S. Dodson / Vice Pres.** ☐ Change ☒ Addition
 5.2 NAME **108 S. Dixie Highway**
 5.3 STREET ADDRESS **West Palm Beach, FL 33401**
 5.4 CITY-ST-ZIP

6.1 TITLE **D Mary Glendinning / Dir.** ☐ Change ☒ Addition
 6.2 NAME **11188 Turtle Beach Rd, Apt 101A**
 6.3 STREET ADDRESS **North Palm Beach, FL 33408**
 6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-99 (561) 833-7507

CR2E037 (11/98)