FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700005301

HTR FOUNDATION, INC.

0.1.1.1.0	Mailing Address	
Principal Place of Business	Mailing Address	
100 SECOND AVE S	100 SECOND AVE S	
STE 600	STE 600	
ST. PETERSBURG FL 33701	ST. PETERSBURG FL 33701	
US	U\$	
2. Principal Place of Business	2a. Mailing Address	



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Principal Place	e of Business	Mailing Address					
100 SECOND . STE 600 ST. PETERSBU US		100 SECOND AVE S STE 600 ST. PETERSBURG FL 33701 US					
2. Principal P	lace of Business	2a. Mailing Address		_		3.	Date Incorporated or Qualifed
21		26					09/17/1997
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4.	FEI Number APPI IED FOR 59-3496606 Not Applicable
22		27			-		7.11 2.12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City & Stat	e	⊢	City & State		İ	5.	Certificate of Status Desired \$8.75 Additional Fee Required
Zip	Country		Countr	v		6.	Election Campaign Financing \$5.00 May Ro
24	25	29 30	7	,		Ψ.	Trust Fund Contribution Added to Fees
24/	9. Name and Address of Current					10.	Name and Address of New Registered Agent
w <u></u> .			81	1 1	Name	"	
MCCI ANA	ATHAN, JEFFREY P.		82	2 !	Street Addres	s (P	P.O. Box Number is Not Acceptable)
	OND AVE S						
STE 600			83	3			
ST. PETE	RSBURG FL 33701		84	4 (City		FL 85 Zip Code
		1047 4500 EL 11 04-4-4-	46			-41	
office or r	agistared agent or both in the State (of Florida, Such change was autho	orized by	v thi	e corporation	s bo	n submits this statement for the purpose of changing its registered oard of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligat	ons of, Section 617.0503, Florida	Statute	S.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if prolicable (NOTE: Rev	sistered Ace	ant ei	ignature required w	hen n	reinstating) DATE
12.	OFFICERS ANI		13.		gridion o rodania a		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ππE	D	☐ DELETE	1.1 TITLE				☐ Change ☐ Addition
NAME	MASTRY, R. DONALD		1.2 NAME				
STREET ADDRESS	200 CENTRAL AVE STE 1600		1.3 STREE	ET AE	DDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33701		14 CITY-	ST-Z	IP.		
TITLE	D	☐ DELETE	2.1 TITLE				☐ Change ☐ Addition
NAME	MCCLANATHAN, JEFFREY P		2.2 NAME				
STREET ADDRESS	100 SECOND AVE., SOUTH, ST	E. 606	2.3 STREE	TAL	DORESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33701	C Delete	2.4 CITY-	ST-2	ZIP		☐ Change ☐ Addition
TITLE	D	☐ DELETÉ	3.1 TITLE				
NAME	WESLEY, JAMES A	nr.	3.2 NAME		000000		
STREET ADDRESS	1030 N. ORANGE AVE., STE. 10	מ	3.3 STREE		1		
CITY-ST-ZIP	ORLANDO FL 32801	☐ DELETE	3.4. CITY- 4.1 TITLE	31-2	217		☐ Change ☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	ET AL	DORESS		
Crty-ST-ZIP		ļ	4.4 CITY-		l l		
TITLE		☐ DELETE	5.1 TITLE	_			☐ Change ☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE				
CITY-ST-ZIP			5.4 CITY-	ST-Z	ZIP		
TITLE		☐ DELETE	6.1 TITLE				☐ Change ☐ Addition
NAME			6.2 NAME				
STREET ADDRESS		7	6.3 STREE	e i AC	DUKESS		

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 shipowered.

6.4 CITY-ST-ZIP

SIGNATURE;

STREET ADDRESS

CITY-ST-ZIP

5/3 -82(-6/6) Daytime Phone #