

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90099 016 ****61.25

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DOCUMENT # N97000005610

1. Corporation Name

**NATIONAL AWARENESS CAMPAIGN FOR UPPER CERVICAL C
ARE, INC.**

Principal Place of Business

**5215 COLBERT ROAD
LAKELAND FL 33813**

Mailing Address

**5215 COLBERT ROAD
LAKELAND FL 33813**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/02/1997

4. FEI Number

59-3473661

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

**HARRIS, RICHARD L
5215 COLBERT ROAD
LAKELAND FL 33813**

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **HARRIS, LOUELLA J**
STREET ADDRESS **5215 COLBERT ROAD**
CITY-ST-ZIP **LAKELAND FL 33813**

1.1 TITLE ☐ Change ☐ Addition

NAME **HARRIS, RICHARD L** ☐ DELETE

STREET ADDRESS **5215 COLBERT ROAD**
CITY-ST-ZIP **LAKELAND FL 33813**

1.2 NAME

NAME **D** ☐ DELETE

STREET ADDRESS **5215 COLBERT ROAD**
CITY-ST-ZIP **LAKELAND FL 33813**

1.3 STREET ADDRESS

NAME **D** ☐ DELETE

STREET ADDRESS **5215 COLBERT ROAD**
CITY-ST-ZIP **LAKELAND FL 33813**

1.4 CITY-ST-ZIP

NAME **D** ☐ DELETE

STREET ADDRESS **5215 COLBERT ROAD**
CITY-ST-ZIP **LAKELAND FL 33813**

2.1 TITLE ☐ Change ☐ Addition

NAME **D** ☒ DELETE

STREET ADDRESS **5215 COLBERT ROAD**
CITY-ST-ZIP **LAKELAND FL 33813**

2.2 NAME

NAME **D** ☒ DELETE

STREET ADDRESS **5215 COLBERT ROAD**
CITY-ST-ZIP **LAKELAND FL 33813**

2.3 STREET ADDRESS

NAME **D** ☒ DELETE

STREET ADDRESS **5215 COLBERT ROAD**
CITY-ST-ZIP **LAKELAND FL 33813**

2.4 CITY-ST-ZIP

NAME **D** ☒ DELETE

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3.1 TITLE ☒ Change ☐ Addition

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3.2 NAME

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3.3 STREET ADDRESS

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3.4 CITY-ST-ZIP

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4.1 TITLE ☒ Change ☐ Addition

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4.2 NAME

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4.3 STREET ADDRESS

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4.4 CITY-ST-ZIP

NAME **D** ☒ DELETE

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CITY-ST-ZIP **LAKELAND FL 33813**

5.1 TITLE ☐ Change ☐ Addition

NAME **D** ☒ DELETE

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CITY-ST-ZIP **LAKELAND FL 33813**

5.2 NAME

NAME **D** ☒ DELETE

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5.3 STREET ADDRESS

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5.4 CITY-ST-ZIP

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6.1 TITLE ☐ Change ☐ Addition

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STREET ADDRESS **5215 COLBERT ROAD**
CITY-ST-ZIP **LAKELAND FL 33813**

6.2 NAME

NAME **D** ☒ DELETE

STREET ADDRESS **5215 COLBERT ROAD**
CITY-ST-ZIP **LAKELAND FL 33813**

6.3 STREET ADDRESS

NAME **D** ☒ DELETE

STREET ADDRESS **5215 COLBERT ROAD**
CITY-ST-ZIP **LAKELAND FL 33813**

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

LoUELLA J. HARRIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99
Date

941-648-5959
Daytime Phone #

CR2E037 (11/98)