

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: \$238.25).

FILED

Jul 29 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005758 (4)

1. Corporation Name

THE CHASON FOUNDATION FOR RHEUMATOLOGY AND SPINAL DISORDERS, INC.



Principal Place of Business

Mailing Address

5200 NW 43RD STREET
SUITE 102-383
GAINESVILLE FL 32606

5200 NW 43RD STREET
SUITE 102-383
GAINESVILLE FL 32606

3. Date Incorporated or Qualified

10/08/1997

4. FEI Number

59-3481467

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHASON, KATHARINE H
107 OLD CUE LAKE ROAD
HAWTHORNE FL 32640

81 Name KATHARINE H. CHASON

82 Street Address (P.O. Box Number is Not Acceptable)
820 SW 123rd St.

83

84 City NEWBERRY, FL

FL

85 Zip Code 32669

11. Pursuant to the provisions of sections 617.0502 and 617.1506, 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 KATHARINE H. CHASON, PRES.

Katharine H. Chason

7-10-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D + PRESIDENT ☐ DELETE
NAME CHASON, KATHARINE
STREET ADDRESS 107 OLD CUE LAKE ROAD
CITY-ST-ZIP HAWTHORNE FL 32640

1.1 TITLE D + ADMINISTRATIVE CONSULTANT ☐ Change ☒ Addition
1.2 NAME JOAN WACKERLY
1.3 STREET ADDRESS 4727 NW 19th PL.
1.4 CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE D ☒ DELETE
NAME COLLINS, KIM
STREET ADDRESS 168 CUE LAKE DRIVE
CITY-ST-ZIP HAWTHORNE FL 32640

2.1 TITLE D + TREASURER ☐ Change ☐ Addition
2.2 NAME BARBARA PERRARO
2.3 STREET ADDRESS 7100 NW 40th AVE.
2.4 CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE D + VICE PRESIDENT ☐ DELETE
NAME KAZIMOUR, KIM
STREET ADDRESS 837 SW 50th WAY
CITY-ST-ZIP GAINESVILLE FL 32607

3.1 TITLE D + RECORDING SECRETARY ☐ Change ☒ Addition
3.2 NAME AUDREY WINKEL
3.3 STREET ADDRESS 4028 NW 17th TERR.
3.4 CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D + PRESIDENT ☒ Change ☐ Addition
6.2 NAME KATHARINE CHASON
6.3 STREET ADDRESS 220 SW 123rd ST.
6.4 CITY-ST-ZIP NEWBERRY, FL 32669

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.

SIGNATURE: KATHARINE H. CHASON/Katharine Chason, Pres. 7-10-98 352-331-1950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone