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

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N97000005758**

1. Corporation Name

**THE CHASON FOUNDATION FOR RHEUMATOLOGY AND SPINAL DISORDERS, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 **220 SW 123RD ST.**

Suite, Apt. #, etc.

22

City & State

23 **NEWBERRY, FL**

Zip

24 **32609**

Country

25 **ALABAMA**

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

**10/09/1997**

4. FEI Number

**59-3481467**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

**CHASON, KATHARINE H.**  
**220 SW 123RD ST**  
**NEWBERRY FL 32669**

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

*Katherine H. Chason, President*

**4-27-99**

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**  
STREET ADDRESS **CHASON, KATHARINE**  
CITY-ST-ZIP **107 OLD CUE LAKE ROAD**  
**HAWTHORNE FL 32640**

TITLE ☐ DELETE

NAME **DAC**  
STREET ADDRESS **WACKERLY, JOAN**  
CITY-ST-ZIP **4727 NW 19TH PLACE**  
**GAINESVILLE FL 32605**

TITLE ☐ DELETE

NAME **DVP**  
STREET ADDRESS **KAZIMOUR, KIM**  
CITY-ST-ZIP **837 SW 50TH WAY**  
**GAINESVILLE FL 32607**

TITLE ☒ DELETE

NAME **DT**  
STREET ADDRESS **PERRARO, BARBARA**  
CITY-ST-ZIP **7700 NW 40TH AVE**  
**GAINESVILLE FL 32653**

TITLE ☒ DELETE

NAME **DRS**  
STREET ADDRESS **WINKEL, AUDREY**  
CITY-ST-ZIP **4028 NW 17TH TERRACE**  
**GAINESVILLE FL 32605**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **Secretary**  
1.3 STREET ADDRESS **C. Leoburn**  
1.4 CITY-ST-ZIP **712 N.W. 129th**  
**Newberry, FL 32669**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Treasurer**  
2.3 STREET ADDRESS **Barbara Kerrin (did give resignation)**  
2.4 CITY-ST-ZIP **POSITION WILL TEMP. BE FOLLOWED BY CHASON**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **1st General Director**  
3.3 STREET ADDRESS **Laree Hinman**  
3.4 CITY-ST-ZIP **P.O. Box 766**  
**Melrose, FL 32664**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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: *Katherine H. Chason*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(852) 331-1050**

CR2E037 (11/98)