

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90012 014 ****61.25

DOCUMENT # N97000005882

1. Corporation Name

THE RECOVERY MEMORIAL FOUNDATION, INC.

Principal Place of Business

350 GULF BOULEVARD
INDIAN ROCKS BEACH FL 33785

Mailing Address

350 GULF BOULEVARD
INDIAN ROCKS BEACH FL 33785



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/09/1997

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

59-3473848

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

Zip

Country

28

Zip

Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTNER, ALAN S JR,PA
350 GULF BLVD.
INDIAN ROCKS BEACH FL 33785

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 PITMAN, W. CHARLES
STREET ADDRESS 350 GULF BOULEVARD
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME LOWE, CHARLES F
STREET ADDRESS 350 GULF BOULEVARD
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME Pitman, Constance T.
2.3 STREET ADDRESS 350 Gulf Boulevard
2.4 CITY-ST-ZIP Indian Rocks Beach, FL 33785

TITLE D ☒ DELETE
NAME WILLIAMS, THOMAS E JR.
STREET ADDRESS 350 GULF BOULEVARD
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Alan S. Christner, Jr.
3.3 STREET ADDRESS 350 Gulf Boulevard
3.4 CITY-ST-ZIP Indian Rocks Beach, FL 33785

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 ☐ 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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/99

727-430-2420

Date

Daytime Phone #

CR2E037 (5/99)