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**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90024 050 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N98000000585**

1. Corporation Name

**WE CAN FOR SCLERODERMA, INC.**

Principal Place of Business

UNIVERSITY OF FLORIDA FOOTBALL  
P.O. BOX 14485 ATTN: WE CAN  
GAINESVILLE FL 32604

Mailing Address

UNIVERSITY OF FLORIDA FOOTBALL  
P.O. BOX 14485 ATTN: WE CAN  
GAINESVILLE FL 32604



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

01/30/1998

4. FEI Number

593498617

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

STONE, KAREN J  
3042 FRONT ROAD  
JACKSONVILLE FL 32257

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 of person named in Section 617.0503, Florida Statutes, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME SPURRIER, JERRI  
STREET ADDRESS 12115 NW 1ST LANE  
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE VPD ☒ DELETE

NAME STEPHENS, REGINA  
STREET ADDRESS 2337 SW 95TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE VPD ☒ DELETE

NAME STOOPS, CAROL  
STREET ADDRESS 2132 SW 95TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE SD ☒ DELETE

NAME WILSON, KAY  
STREET ADDRESS 404 SW 117TH STREET  
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE TD ☒ DELETE

NAME FRANKS, DEBORAH  
STREET ADDRESS 9520 SW 38TH LANE  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE D ☐ DELETE

NAME BROADWAY, DIANNE  
STREET ADDRESS 505 SW 117 STREET  
CITY-ST-ZIP GAINESVILLE FL 32607

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Laurie Glass - Treasurer ☐ Change ☒ Addition

1.2 NAME  
1.3 STREET ADDRESS 3443 NW 62nd Pl  
1.4 CITY-ST-ZIP Gainesville, FL 32653

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

*[Signature]*

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