

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

06-07-1999 3:01:20 PM \$61.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -3 AM 7:55

DOCUMENT #

1. Corporation Name

N98000000710

SAVING FACE FOUNDATION INC
Principal Place of Business Mailing Address
133 NE 99th St
MIAMI SHORES, FLA
33138

(1-7-98)

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		2-10-98 (IRS DATE)	
22. City & State		27. City & State		4. FEI Number	
23. Zip		28. Zip		65-0810097	
24. Country		29. 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	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name JOANNE J HATTEN
82. Street Address (P.O. Box Number is Not Acceptable) 133 NE 99th St
83. MIAMI SHORES, FLA
84. City MIAMI SHORES, FL 85. Zip Code 33138

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 of 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 Joanne J Hatten

Signature, typed or printed name of Registered Agent and title if applicable.

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE ☐ DELETE		1.1 TITLE ☐ Change ☐ Addition	
NAME	JIM RUGTISO	12 NAME	
STREET ADDRESS	4823 NE 11th Ave	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES, FLA 33138	14 CITY-ST-ZIP	
2.1 TITLE ☐ DELETE		2.1 TITLE ☐ Change ☐ Addition	
NAME	GRACE SUGOR	22 NAME	
STREET ADDRESS	389 NE 99th St	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES, FLA 33138	24 CITY-ST-ZIP	
3.1 TITLE ☐ DELETE		3.1 TITLE ☐ Change ☐ Addition	
NAME	JOANNE HATTEN	32 NAME	
STREET ADDRESS	133 NE 99th St	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES, FLA 33138	34 CITY-ST-ZIP	
4.1 TITLE ☐ DELETE		4.1 TITLE ☐ Change ☐ Addition	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
5.1 TITLE ☐ DELETE		5.1 TITLE ☐ Change ☐ Addition	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
6.1 TITLE ☐ DELETE		6.1 TITLE ☐ Change ☐ Addition	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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: Joanne J Hatten Joanne J Hatten 5-1-99

AD

305-7573057