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03-03-1999 90074 006 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000002660

1. Corporation Name

THE FOUNDATION FOR THE ADVANCEMENT OF REHABILITATIVE SCIENCE, INC.

Principal Place of Business

170 MALAGA STREET
ST AUGUSTINE FL

Mailing Address

170 MALAGA STREET
ST AUGUSTINE FL



2. Principal Place of Business

21 **1 UNIVERSITY BLVD.**

Suite, Apt. #, etc.

22 City & State

23 **ST. AUGUSTINE, FLA.**

24 **32086** 25 **USA**

2a. Mailing Address

26 **1 UNIVERSITY BLVD**

Suite, Apt. #, etc.

27 City & State

28 **ST. AUGUSTINE, FLA.**

29 **32086** 30 **USA**

3. Date Incorporated or Qualified

05/08/1998

4. FEI Number

59-3535131

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

PARIS, STANLEY V
170 MALAGA STREET
ST AUGUSTINE FL

10. Name and Address of New Registered Agent

81 Name **PARIS, STANLEY V.**
82 Street Address (P.O. Box Number is Not Acceptable)
1 UNIVERSITY BLVD.
83
84 City **ST. AUGUSTINE** 85 Zip Code **FL 32086**

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 ☐ DELETE

TITLE **D**
NAME **PARIS, STANLEY V**
STREET ADDRESS **170 MALAGA STREET**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **D**
NAME **PATTERSON, RAY M**
STREET ADDRESS **170 MALAGA STREET**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **D**
NAME **PARIS, CATHERINE P**
STREET ADDRESS **170 MALAGA STREET**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **PARIS, STANLEY V.**
1.3 STREET ADDRESS **1 UNIVERSITY BLVD.**
1.4 CITY-ST-ZIP **ST. AUGUSTINE, FLA. 32086**

2.1 TITLE **V/A** ☒ Change ☐ Addition
2.2 NAME **PATTERSON, RAY M.**
2.3 STREET ADDRESS **1 UNIVERSITY BLVD.**
2.4 CITY-ST-ZIP **ST. AUGUSTINE, FLA. 32086**

3.1 TITLE **S/T/D** ☒ Change ☐ Addition
3.2 NAME **PARIS CATHERINE PARA**
3.3 STREET ADDRESS **1 UNIVERSITY BLVD.**
3.4 CITY-ST-ZIP **ST. AUGUSTINE, FLA. 32086**

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: **X**

PARIS, STANLEY V
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99 (904) 826-0084
Date Daytime Phone #

CR2E037 (11/98)