

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

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**DOCUMENT # N98000003287**

1. Corporation Name

**KIDS HEALTH EDUCATION FOUNDATION, INC.**

Principal Place of Business

**111 N. ORLANDO AVENUE  
WINTER PARK FL 32789**

Mailing Address

**111 N. ORLANDO AVENUE  
WINTER PARK FL 32789**



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

**06/05/1998**

4. FEI Number

**59-3154843**

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

**TRIMBLE, T L  
111 N. ORLANDO AVENUE  
WINTER PARK FL 32789**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D WALLACE-BOOKER, C. DIANE**  
STREET ADDRESS **7329 KERRY HILL COURT**  
CITY-ST-ZIP **COLUMBIA MD 21045**

TITLE ☐ DELETE  
NAME **D BUTLER, BRUCE**  
STREET ADDRESS **3009 HOLMES AVENUE SOUTH**  
CITY-ST-ZIP **MINNEAPOLIS MN 55408**

TITLE ☐ DELETE  
NAME **D CARSON, BEN M.D.**  
STREET ADDRESS **JOHN HOPKINS HOSP., 600 NORTH WOLFE ST**  
CITY-ST-ZIP **BALTIMORE MD 21287**

TITLE ☐ DELETE  
NAME **D HOLMEN, ROBERT D**  
STREET ADDRESS **1088 GOODRICH AT LEXINGTON PKWY**  
CITY-ST-ZIP **ST. PAUL MN 55105**

TITLE ☐ DELETE  
NAME **D PHIPPS, WINTLEY**  
STREET ADDRESS **6428 FOUR FOOT TRAIL**  
CITY-ST-ZIP **COLUMBIA MD 21045**

TITLE ☐ DELETE  
NAME **D WIESE, CALVIN**  
STREET ADDRESS **185 SPRINGWOOD TRAIL**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 furnished 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:

**CALVIN WIESE**  
Signature and typed or printed name of signing officer or director

**1/25/99** (407) 647-4400  
Date Daytime Phone #

CR2E037 (11/98)