

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
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90008 011 ****70.00

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Corporation Name

THE FALON FOUNDATION FOR PARENTAL ABDUCTION, INC

Principal Place of Business

1455 SOUTHEAST 108TH TERRACE ROAD
BELLEVUE FL 34420

Mailing Address

POST OFFICE BOX 256
CANDLER FL 32111-0256
6



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/13/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-34-3482	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country			

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

I, 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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
OFFICERS AND DIRECTORS			
LE	PD	<input type="checkbox"/> DELETE	
ME	DELGADO, ADRIANNE		
REET ADDRESS	11455 SOUTHEAST 108TH TERRACE ROAD		
Y-ST-ZIP	BELLEVUE FL 34420		
LE	VD	<input type="checkbox"/> DELETE	
ME	BROCK, DAVID M SR.		
REET ADDRESS	11455 SOUTHEAST 108TH TERRACE ROAD		
Y-ST-ZIP	BELLEVUE FL 34420		
LE	STD	<input type="checkbox"/> DELETE	
ME	TORO, NATALIE		
REET ADDRESS	11455 SOUTHEAST 108TH TERRACE ROAD		
Y-ST-ZIP	BELLEVUE FL 34420		
LE		<input type="checkbox"/> DELETE	
ME			
REET ADDRESS			
Y-ST-ZIP			
LE		<input type="checkbox"/> DELETE	
ME			
REET ADDRESS			
Y-ST-ZIP			
LE		<input type="checkbox"/> DELETE	
ME			
REET ADDRESS			
Y-ST-ZIP			
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *Adrianne Delgado* **8-6-99 (352)680-9296**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)