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03-01-1999 90144 027 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT



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

**1999**

**DOCUMENT # N98000004561**

1. Corporation Name

**FLORIDA WEST COAST CHAPTER OF THE NATIONAL PARKI  
 NSON FOUNDATION, INC.**

Principal Place of Business

1888 HILLVIEW ST.  
 SARASOTA FL 34239

Mailing Address

1888 HILLVIEW ST.  
 SARASOTA FL 34239



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/07/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-0968031

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

23 Zip

Country

28 Zip

Country

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

BUSTARD, R. DAVID  
 200 S. ORANGE AVE.  
 SARASOTA FL 34236

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	DELETED
NAME	KASSICIEH, V. DANIEL	PRESIDENT
STREET ADDRESS	1888 HILLVIEW ST.	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	VD	DELETED
NAME	GARBER, JEFFREY	VICE PRESIDENT
STREET ADDRESS	3251 PROCTOR RD.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	STD	DELETED
NAME	DOHMS, ELAINE	SEC / TREAS
STREET ADDRESS	1888 HILLVIEW ST.	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	DELETED
NAME	SULLIVAN, PATRICIA	DIRECTOR
STREET ADDRESS	1723 FLOWER DR.	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	DELETED
NAME	HOFFHEIMER, LINDA	
STREET ADDRESS	1250 24TH ST., N.W.	
CITY-ST-ZIP	WASHINGTON DC 20037	
TITLE	D	DELETED
NAME	HOFFHEIMER, LAWRENCE S ESO.	DIRECTOR
STREET ADDRESS	1250 24TH ST., N.W.	
CITY-ST-ZIP	WASHINGTON DC 20037	

1.1 TITLE	MARILYN TAIT	Change	Addition
1.2 NAME	1888 HILLVIEW ST		
1.3 STREET ADDRESS	SARASOTA, FL. 34239		
1.4 CITY-ST-ZIP			
2.1 TITLE	MICHAEL HALBERT	Change	Addition
2.2 NAME	1888 HILLVIEW ST		
2.3 STREET ADDRESS	SARASOTA FL. 34239		
2.4 CITY-ST-ZIP			
3.1 TITLE	DAVID BUSTARD	Change	Addition
3.2 NAME	200 S. ORANGE ST.		
3.3 STREET ADDRESS	SARASOTA, FL. 34236		
3.4 CITY-ST-ZIP			
4.1 TITLE	JAMES M. SCHUMACHER	Change	Addition
4.2 NAME	1888 HILLVIEW ST M.D.		
4.3 STREET ADDRESS	SARASOTA, FL 34239		
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 of Katherine Harris*  
 Katherine Harris, Secretary of State  
 1/6/98 (941)  
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CR2E037 1/1/98