

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90024 039 ****61.25

DOCUMENT # N98000007015

1. Corporation Name

THE "MY LAST WISH" PROJECT, INC.

Principal Place of Business

4760 SEABOARD AVE.
JACKSONVILLE FL 32210

Mailing Address

4760 SEABOARD AVE.
JACKSONVILLE FL 32210



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/11/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59 35 35 263

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POUCHER, ALLEN L JR.
320 WEST ADAMS ST.
JACKSONVILLE FL 32202

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 D ☐ DELETE

NAME CRAMER, ANN
STREET ADDRESS 4275 TIMUQUANA RD.
CITY-ST-ZIP JACKSONVILLE FL 32210

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME CROSBY, STEVE
STREET ADDRESS 853 MIKAIL ST.
CITY-ST-ZIP JACKSONVILLE FL 32205

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME KNIGHT, BEVERLY
STREET ADDRESS 1959 LEONARD CIRCLE
CITY-ST-ZIP JACKSONVILLE FL 32209

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME SHAW, DENNIS F
STREET ADDRESS 4760 SEABOARD AVE.
CITY-ST-ZIP JACKSONVILLE FL 32210

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME SIMPSON, SCOTT
STREET ADDRESS 200 RIVERSIDE AVE.
CITY-ST-ZIP JACKSONVILLE FL 32205

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/31/99

904/908

6149

CP 6007 15/00

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