**NONPROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N98000007147

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

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CRITCHFIELD PRIVATE FOUNDATION, INC.

Principal Place of Business %4801 SOUTH UNIVERSITY DRIVE STE. 265 DAVIE FL 33328

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

City & State

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94801 SOUTH UNIVERSITY DRIVE STE. 265 DAVIE FL 33328

## **FILED** Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90020 015 \*\*\*\*61.25

7 371640 - 90020 - 15

3. Date incorporated or Qualifed

65-0881997

5. Certifcate of Status Desired

12/18/1998

4. FEI Number



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Applied For

\$8:75 Additional

Fee Required

Not Applicable

9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Name and Address of New Registered Agent  13. Name and Address of New Registered Agent  14. Name and Address of New Registered Agent  15. Name and Address of New Registered Agent  16. Name and Address of New Registered Agent  17. Name and Address of New Registered Agent  18. Name  18. Street Address (P.O. Box Number is Not Acceptable)  18. City  19. City  10. Name and Address of New Registered Agent  19. Name and Address (P.O. Box Number is Not Acceptable)  19. Name and Address (P.O. Box Number is Not Acceptable)  19. Name and Address (P.O. Box Number is Not Acceptable)  19. Name and Address (P.O. Box Number is Not Acceptable)  19. Name and Address (P.O. Box Number is Not Acceptable)  19. Name and Address (P.O. Box Number is Not Acceptable)  19. Name and address (P.O. Box Number is Not	Zip	Country	Zip	_	Counti	ry		6- Election Camp	paign Financi∩g		\$5.00 #	-	
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HOWELL, BOB J %A801 SOUTH UNIVERSITY DRIVE STE. 265 DAVIE FL 33328  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 register of agent, or both, in the State of Prinds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Prinds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Prinds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Prinds. State of Prinds		<ol><li>Name and Address of Current F</li></ol>	Registered Agen	ıt				10. Name and Ad	idress of Ne <u>w R</u>	legistered /	Agent	_	
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### A4801 SOUTH UNIVERSITY DRIVE STE. 265 DAVIE FL 33328    84	HOWELL ROR I						82 Street Address (P.O. Box Number is Not Acceptable)						
DAVIE FL 33328    83		"	92 Guedi Addiess (F.O. Box Mathbel is Not Accopade)										
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CITY-ST-ZIP 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	CITY-ST-ZIP		this filing doc-	at avalify for			d in Co	otion 110 07/31/11	Florida Statutos	l further cort	ify that the in	formation	

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 OFFICE OR DIRECTOR