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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04739 (9)
1. Corporation Name
A SPECIAL WISH FOUNDATION, INC.

Principal Place of Business
2244 S. HAMILTON RD.
STE. 202
COLUMBUS OH 43232

Mailing Address
2244 S. HAMILTON RD.
STE. 202
COLUMBUS OH 43232



2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
01/23/1985

4. FEI Number
31-1055537

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MORGAN, ULTIMA
1520 WHITESTABLE CT.
HEATHROW FL 34748

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	3 Board member (ds)	<input type="checkbox"/> DELETE
NAME	ROWLEY, JACK	
STREET ADDRESS	20421 ORCHARD RD.	
CITY-ST-ZIP	MILFORD CENTER OH 43045	
TITLE	4 Board member	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, PEG	
STREET ADDRESS	105 CANTERBURY DR.	
CITY-ST-ZIP	WESTERVILLE OH 43082-7300	
TITLE	NED	<input type="checkbox"/> DELETE
NAME	FICKLE, RAMONA	
STREET ADDRESS	10100 WINCHESTER RD. NW	
CITY-ST-ZIP	CANAL WINCHESTER OH 43110-9225	
TITLE	President (d)	<input type="checkbox"/> DELETE
NAME	DARLA FICKLE	
STREET ADDRESS	481 E. WALNUT ST	
CITY-ST-ZIP	WESTERVILLE, OH 43081	
TITLE	VICE PRES. (d)	<input type="checkbox"/> DELETE
NAME	DR. MARK MILLER	
STREET ADDRESS	3702 STRINGTOWN RD	
CITY-ST-ZIP	LANCASTER, OH 43130	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	REBECCA REDMAN (d)	
STREET ADDRESS	1082 Lilly Ave	
CITY-ST-ZIP	COLUMBUS OH 431	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY (ds)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DR. ROBERT GARDNER	
1.3 STREET ADDRESS	5839 MORAY CT.	
1.4 CITY-ST-ZIP	DUBLIN, OH 43017	
2.1 TITLE	B.D.M. (d)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOTTIE JABLONSKI	
2.3 STREET ADDRESS	4290 FAIROAKS DR	
2.4 CITY-ST-ZIP	COLUMBUS, OH 43214	
3.1 TITLE	REMIT STANTON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	M	
3.3 STREET ADDRESS	5211 GINETTE AVE	
3.4 CITY-ST-ZIP	MARIETTA, OH 43026	<input checked="" type="checkbox"/> DELETE
4.1 TITLE	GREGG ROBINS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	M	
4.3 STREET ADDRESS	4225 GUNSTOWN HALL	
4.4 CITY-ST-ZIP	NEW ALBANY, OH 43054	
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		

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.

SIGNATURE: Ramona Fickle 1-7-98 614 575-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078404

CP2E037 (10/97)