


FILE NOW: FILING FEE IS \$61.25

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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90006 048 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04739					
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		2a. Mailing Address		3. Date Incorporated or Qualified 01/23/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 31-1055537	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent MORGAN, ULTIMA 1520 WHITESTABLE CT. HEATHROW FL 34746				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ROWLEY, JACK <input type="checkbox"/> DELETE <i>resigned</i>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2042X ORCHARD RD.	1.2 NAME	DOTTIE JABLONSKI
STREET ADDRESS	MIKFORD CENTER OH 43045	1.3 STREET ADDRESS	4296 FAIR OAKS DR.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CO15, OH 43214
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNDER, ROBERT MD	2.2 NAME	
STREET ADDRESS	5839 MORAY CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH 43017	2.4 CITY-ST-ZIP	
TITLE	NED <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FICKLE, RAMONA	3.2 NAME	
STREET ADDRESS	10100 WINCHESTER RD. NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	CANAL WINCHESTER OH 43110-9225	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FICKLE, DARLA	4.2 NAME	
STREET ADDRESS	481 E WALNUT ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTERVILLE OH 43081	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MARC MD	5.2 NAME	
STREET ADDRESS	3702 STRING TOWN RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LANCASTER OH 43130	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDMAN, REBECCA	6.2 NAME	
STREET ADDRESS	1082 LOLLY AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	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: *R. Fickle* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99 614 575-9474
Date Daytime Phone #

CR2E037 (11/98)