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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P07026**

1. Corporation Name
THE NATIONAL OSTEOPOROSIS FOUNDATION, INC.

Principal Place of Business	Mailing Address
1150 17TH ST. N.W. STE. #500 WASHINGTON DC 20036	1150 17TH ST. N.W. STE. #500 WASHINGTON DC 20036

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/07/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 36-3350532 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROGERS, PAUL G		1.2 NAME	
STREET ADDRESS	5110 YUMA ST. N.W.		1.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20016		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LINDSAY, ROBERT		2.2 NAME	
STREET ADDRESS	30 HIGHFIELD RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISON NY 10528		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, C C		3.2 NAME	
STREET ADDRESS	5002 BUTTONWOOD CRESCENT		3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46208		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BONNER, FRANCIS J		4.2 NAME	
STREET ADDRESS	553 COUNTY LINE ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	RADNOR PA 19087		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BRADLEY, WAYNE W		5.2 NAME	
STREET ADDRESS	74 HIGHGATE COURSE		5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CHARLES IL 60174		5.4 CITY-ST-ZIP	
TITLE	ED	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	RAYMOND, SANDRA C		6.2 NAME	
STREET ADDRESS	2555 PENN. AVE. N.W. #808		6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20037		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 REQUIRED Sandra C. Raymond Sandra C. Raymond 4/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

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National Osteoporosis Foundation
EIN: 36-3350532 / Florida Department of State - # P07026
Fiscal Year Ended 12/31/1998

Statement 2

Officers of the National Osteoporosis Foundation : P07026

Chairman
Hon. Paul G. Rogers
Hogan & Hartson
555 13th Street, N.W.
Washington, DC 20004-1109

President
Robert Lindsay, M.D.
Helen Hayes Hospital
Route 9W
West Haverstraw, NY 10993

Vice Presidents
C. Conrad Johnston, Jr., M.D.
Indiana University School of Medicine
545 Barnhill Drive
Indianapolis, IN 46202-5124

Ms. Rosalind C. Whitehead
435 East 52nd Street, Apt. 3E
New York, NY 10022

Secretary
Francis J. Bonner, Jr., M.D.
The Graduate Hospital
One Graduate Plaza/1800 Lombard St.
Philadelphia, PA 19146

Treasurer
Wayne W. Bradley
74 Highgate Course
St. Charles, IL 60174

Executive Director
Sandra C. Raymond
1150 17th Street, N.W.
Washington, DC 20036