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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000001682 (4)
 1. Corporation Name
THE NATIONAL ASSOCIATION FOR THE CRANIOFACIALLY HANDICAPPED, INCORPORATED

Principal Place of Business 744 MCCALLIE AVE., SUITE 433 CHATTANOOGA TN 37403	Mailing Address P. O. BOX 11082 CHATTANOOGA TN 37401 US
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3. Date Incorporated or Qualified 04/05/1993		
4. FEI Number 23-7069285	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**PATE, PEGGY
 DIANA DRIVE
 RT 5 BOX 288-B
 LAKE CITY FL 32024**

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

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BEST, THLO H	
STREET ADDRESS	1220 SUNSET DR	
CITY-ST-ZIP	SIGNAL MOUNTAIN TN 37377	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RICHELSON, STEVE	
STREET ADDRESS	1734 LAKEWOOD CIR.	
CITY-ST-ZIP	HIXSON TN	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SCRUGGS, BOOKER T	
STREET ADDRESS	UPWARD BOUND(UT) C-615 MCCALLIE AVENUE	
CITY-ST-ZIP	CHATTANOOGA TN 37403	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JONATHAN F. KENT	
2.3 STREET ADDRESS	832 GEORGIA AVENUE	
2.4 CITY-ST-ZIP	CHATTANOOGA, TN 37402	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARK MCCARTER	
3.3 STREET ADDRESS	595A SHALLOWFORD ROAD	
3.4 CITY-ST-ZIP	CHATTANOOGA, TN 37421	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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: *[Signature]* **1/13/98 423/756-6600**

CFR2037 (10/97)