Applied For

Not Applicable

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F93000001682

THE NATIONAL ASSOCIATION FOR THE CRANIOFACIALLY HANDICAPPED, INCORPORATED

Principal Place of Business 744 MCCALLIE AVE., SUITE 433 CHATTANOOGA TN 37403

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address P. O. BOX 11082 **CHATTANOOGA TN 37401**

2a. Mailing Address

Suite, Apt. #, etc.

US

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FILED Feb 25, 1999 8:00 am § Secretary of State

02-25-1999 90080 001 ****61.25

3. Date Incorporated or Qualifed

04/05/1993

23-7069285

4. FEI Number

City & State		City & State		5. Certifcate of Status Desired	•	5 Additional Required					
23		28									
Zip			Countr	У	6. Election Campaign Financing	\$5.00	, ,				
24	25 29 30			Trust Fund Contribution Added to Fees							
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent							
			8	1 Name							
PATE, PEGGY DIANA DRIVE RT 5 BOX 266-B LAKE CITY FL 32024				82 Street Address (P.O. Box Number is Not Acceptable) 83							
								4 City		. 85 Zip C	ode
											٦
				office or re agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was	authorized b	y the corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	of changing its pointment as reg	registered pistered
SIGNATURE	Signature, typed or printed name of registered agent a	ind title if applicable. (NOT	E. Registered Age	ent signature r	equired when reinstating) DATE						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS						
TITLE	_		1.1 TITLE			Change	Addition				
NAME	Best, Thilo H	O H 121									
STREET ADDRESS	1220 SUNSET DR		1.3 STRE	ET ADDRESS							
CITY-ST-ZIP	SIGNAL MOUNTAIN TN 37377		1.4 CITY-	ST-ZIP							
TITLE	CD	DELETE 2.			D	Change Change	Addition				
NAME	KENT, JONATHAN F		2.2 NAME	1							
STREET ADDRESS	832 GEORGIA AVE		2.3 STRE	ET ADDRESS							
CITY-ST-ZIP	CHATTANOOGA TN 37402		2. 4 CiTY	ST-ZIP	<u>- </u>						
TITLE	VD		3.1 TITLE		CD	Change					
NAME	MCCARTER, MARK		3.2 NAME		ROBIN HAYS						
STREET ADDRESS	5959 SHALLOWFORD RD		3.3 STRE	ET ADDRESS	825 OLD DALLAS ROAD						
CITY-ST-ZIP	CHATTANOOGA TN 37421 34		3.4. CITY-	ST-ZIP	CHATTANOOGA, TN 37405	_					
TITLE			4.1 TITLE			☐ Change	Addition				
NAME			4. 2 NAMI								
STREET ADDRESS			4.3 STRE	ET ADDRESS							
CITY-ST-ZIP			4.4 CITY-	ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition				
NAME			5.2 NAME	į							
STREET ADDRESS			5.3 STRE	ET ADDRESS							
CITY-ST-ZIP			5.4 CITY-	ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE			Change	Addition				
NAME			6.2 NAME	•							
STREET ADDRESS			6.3 STRE	ETADORESS							
			6.4 CITY-								
CITY-ST-ZIP	sortify that the information cumuling with	this filing does not qualify for			d in Section 119.07(3)(i), Florida Statutes. I further	certify that the in	formation				

indicated on this annual report of supplemental annual report is due and accurate and that my signature shall have the same regardined as it made dride loads, that it all all 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: ROBIN HAYS TRIATED NAME OF SIGNING OFFICER ON PRINTED NAME OF SIGNING ON PRINTED NAME OF SIGNING OFFICER ON PR