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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F93000001682

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



2. Principal Place of Business (21-24), 2a. Mailing Address (25-28), 3. Date Incorporated or Qualified (04/05/1993), 4. FEI Number (23-7069285), 5. Certificate of Status Desired (\$8.75 Additional Fee Required), 6. Election Campaign Financing (\$5.00 May Be Added to Fees)

9. Name and Address of Current Registered Agent (PATE, PEGGY, DIANA DRIVE, RT 5 BOX 266-B, LAKE CITY FL 32024), 10. Name and Address of New Registered Agent (81-85)

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 (D BEST, THILO H; CD KENT, JONATHAN F; VD MCCARTER, MARK), 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (D; CD ROBIN HAYS)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: ROBIN HAYS ~~SIGNATURE REQUIRED~~ 1/12/99 423-756-1990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)