SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

Country

1. Corporation Name

THE "I AM" FOUNDATION, INC.

Principal Place of Business

C/O WILLIAM J. BOOTH 33406 OHIO AVENUE RIDGE MANOR FL 33525

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

26

27

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C/O WILLIAM J. BOOTH 33406 OHIO AVENUE RIDGE MANOR FL 33525

FILED Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90031 005 ****61.25



3. Date Incorporated or Qualifed 12/12/1989

5. Certifcate of Status Desired

6. Election Campaion Financing

FEI Number 59-2984690

20021 - 3

9. Name and Address of Current Registered Agent BOOTH, WILLIAM J. 33406 OHIO AVENUE RIDGE MANOR FL 33525 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 agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the registered Agent and the regist	24	25	29	30			Trust Fund Contribution	, J 🗆	Added to	o Fees	
BOOTH, WILLIAM J. 33406 OHIO AVENUE RIDGE MANOR FL 33525 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, 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, 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, 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, or both, in the State of Florida. Statules, the above-named corporation is board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statules, the above-named corporation submits this statement for the purpose of changing its registered of agent, and the corporation is board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statules, the above-named corporation submits this statement for the purpose of changing its registered of agent, and the corporation submits this statement for the purpose of changing its registered of agent, and the corporation submits this statement for the purpose of changing its registered of office of the corporation submits this statement for the purpose of changing its registered of office of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of office of the corporation submits this statement for the purpose of changing its registered of office. 12. City To DeLETE 1.1 ITILE							10. Name and Address of New Registered Agent				
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RIDGE MANOR FL 33525 84 City FL 85 Zip Code						Street A	dress (P.O. Box Number is Not)	-cceptable)			
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Country

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 tile 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:

CITY-ST-ZIP

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable