

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711711 (2)

1. Corporation Name

TANGELO PARK CIVIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5006 SHOSHORE AVE
ORLANDO FL 32819
US

5006 SHOSHORE AVE
ORLANDO FL 32819
US

3. Date Incorporated or Qualified

3a. Date of Last Report

10/28/1966

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 TANGELG BAPTIST CHURCH

26 5006 SHOSHORE ST

4. FEI Number

Applied For

59-1736760

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

ORLANDO, FL

ORLANDO, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

32819

ORANGE

29 Zip

30 Country

32819

ORANGE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLISON ANTHONY
5006 SHOSHORE AVE
ORLANDO FL 32819

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME ANTHONY, ALLISON
STREET ADDRESS 5006 SHOSHORE AVE
CITY-ST-ZIP ORLANDO FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME MCKENZIE, BEN
STREET ADDRESS 7304 RAVENNA ST.
CITY-ST-ZIP ORLANDO FL 32819

2.1 TITLE Change Addition
2.2 NAME BOONE, ANGEL
2.3 STREET ADDRESS 7814 MANDARIN DRIVE
2.4 CITY-ST-ZIP ORLANDO FL 32819

TITLE SD DELETE
NAME MCKENZIE, DIANA
STREET ADDRESS 7304 RAVENNA AVE
CITY-ST-ZIP ORLANDO FL

3.1 TITLE Change Addition
3.2 NAME KEEBE, GRADY
3.3 STREET ADDRESS 4913 Shoshone St.
3.4 CITY-ST-ZIP ORLANDO FL 32819

TITLE T DELETE
NAME GLOVER, PAT
STREET ADDRESS 7201 RAVENNA AVE
CITY-ST-ZIP ORLANDO FL

4.1 TITLE Change Addition
4.2 NAME WILLIAMS, ALECIA
4.3 STREET ADDRESS 7708 POMPELO AVE
4.4 CITY-ST-ZIP ORLANDO FL 32819

TITLE T DELETE
NAME BOONE, ANGEL
STREET ADDRESS 7814 MADARIN DRIVE
CITY-ST-ZIP ORLANDO FL

5.1 TITLE Change Addition
5.2 NAME PEAY, ROOSEVELT
5.3 STREET ADDRESS 7625 UDINE AVE
5.4 CITY-ST-ZIP ORLANDO FL 32819

TITLE T DELETE
NAME HOLIDAY, CHARLES
STREET ADDRESS 7600 POMPELO
CITY-ST-ZIP ORLANDO FL

6.1 TITLE Change Addition
6.2 NAME ONLY, THOMAS
6.3 STREET ADDRESS 4829 SHOSHONE ST
6.4 CITY-ST-ZIP ORLANDO FL 32819

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Allison Anthony ALLISON ANTHONY

1/22/96 (407)351-0340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)