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Jan 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 711711 (2)  
1. Corporation Name:  
TANGELO PARK CIVIC ASSOCIATION, INC.



Principal Place of Business: TANGELO BAPTIST CHURCH, ORLANDO FL 32819 US  
Mailing Address: 5006 SHOSHONE ST., ORLANDO FL 32819-8444 US

3. Date Incorporated or Qualified: 10/28/1966  
3a. Date of Last Report: 01/31/1996  
4. FEI Number: 59-1736760  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: ALLISON ANTHONY, 5006 SHOSHORE AVE, ORLANDO FL 32819

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ANTHONY, ALLISON	1.1 TITLE	
NAME	5006 SHOSHORE AVE ORLANDO FL	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD BOONE, ANGELA	2.1 TITLE	
NAME	7814 MANDARIN DR. ORLANDO FL	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD KEENE, GRADY	3.1 TITLE	Secretary S/D
NAME	4913 SHOSHONE ST. ORLANDO FL	3.2 NAME	Kashleen V. Burke
STREET ADDRESS		3.3 STREET ADDRESS	5016 Mandarina Sp.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando, FL 32819
TITLE	T WILLIAMS, ALICIA	4.1 TITLE	
NAME	7708 POMELO AVE. ORLANDO FL	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T PEAY, ROOSEVELT	5.1 TITLE	
NAME	7625 UDINE AVE. ORLANDO FL	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	T ONLY, THOMAS	6.1 TITLE	
NAME	4829 SHOSHONE ST. ORLANDO FL	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: Allison Anthony  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Jan 97 (407)351-0340  
Date Daytime Phone # 0017508

CR2E037 (9/96)