


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27 1998 8:00am
Secretary of State

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|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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



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

| | | |
|--|---|---|
| 3. Date Incorporated or Qualified 10/28/1966 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 4. FEI Number 59-1736760 | | |

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**ALLISON ANTHONY
5006 SHOSHONE ST
ORLANDO FL 32819**

10. Name and Address of New Registered Agent

| | |
|---|-----------|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANTHONY, ALLISON | 1.2 NAME | |
| STREET ADDRESS | 5006 SHOSHORE AVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BOONE, ANGELA | 2.2 NAME | DEBBIE HARRISON |
| STREET ADDRESS | 7814 MANDARIN DR. | 2.3 STREET ADDRESS | 7200 FERRARA AVE |
| CITY-ST-ZIP | ORLANDO FL | 2.4 CITY-ST-ZIP | ORLANDO, FL, 32819 |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BURKE, KATHLEEN V | 3.2 NAME | S GREEN JOANN |
| STREET ADDRESS | 5016 MANDURIA ST | 3.3 STREET ADDRESS | 7700 MANDARIN DR. |
| CITY-ST-ZIP | ORLANDO FL | 3.4 CITY-ST-ZIP | ORLANDO, FL. 32819 |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, ALICIA | 4.2 NAME | |
| STREET ADDRESS | 7708 POMELO AVE. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 4.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEAY, ROOSEVELT | 5.2 NAME | TR |
| STREET ADDRESS | 7625 UDINE AVE. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 5.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ONLY, THOMAS | 6.2 NAME | TR |
| STREET ADDRESS | 4829 SHOSHONE ST. | 6.3 STREET ADDRESS | BATTON DEACON |
| CITY-ST-ZIP | ORLANDO FL | 6.4 CITY-ST-ZIP | 7114 RAVENNA AVE ORLANDO, FL. 32819 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** 17 Jan 98

CR2E037 (10/97)