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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **743170**

1. Corporation Name
A BRIGHTER COMMUNITY, INC.

Principal Place of Business	Mailing Address
1613 N. MARION ST. TAMPA FL 33602-9638	1613 N. MARION ST. TAMPA FL 33602-9638

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed: 06/08/1978
Suite, Apt. #, etc. (26)	Suite, Apt. #, etc. (27)	4. FEI Number: 59-0624453 ☐ Applied For ☐ Not Applicable
City & State (23)	City & State (28)	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip (24) Country (25)	Zip (29) Country (30)	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JOYCE, RUSSELL
9215 N HONDA AVE
STE 108
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name: John Carroll
82 Street Address (P.O. Box Number is Not Acceptable): 220 E. Madison Street
83
84 City: Tampa **FL** 85 Zip Code: 33602

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.

X SIGNATURE: John Carroll — 1/21/99 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~JOYCE, RUSSELL~~ ~~9215 N. HONDA AVE STE. 108~~ ~~TAMPA FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Carroll, John PD 220 E. Madison Street Tampa, Florida 33602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ~~CARROLL, JOHN~~ ~~101 E. KENNEDY BLVD.~~ ~~TAMPA FL 33602~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Secretary Sally Wisley 11001 Millan Dr. Tampa, Florida 33629	~~☐ Change~~ ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOETHAN, ANGELA 100 S. ASHLEY STREET TAMPA FL 33602	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ~~GOMEZ, LEO~~ ~~101 E. KENNEDY BLVD~~ ~~TAMPA FL 33602~~	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Vice President Leo Gomez 101 E. Kennedy Blvd. Tampa, Florida 33602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARBAS, STEVE 1802 W CLEVELAND STREET TAMPA FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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 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.

X **SIGNATURE:** SIGNATURE REQUIRED — 1/21/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #