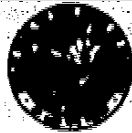


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # 754547 (8)

1. Corporation Name

PRIDE IN ACTION, INC.

95 APR 18 PM 11:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**109 E. HOWARD STREET
P.O. BOX 818
LIVE OAK FL 32080**

**109 E. HOWARD STREET
P.O. BOX 818
LIVE OAK FL 32080**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2037306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEIBFRIED, KEITH C
804 S OHIO AVE
LIVE OAK FL 32080**

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 607.0502 and 607.1508, 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 607.0505, 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
NAME	HARVARD, LEE
STREET ADDRESS	109 E. HOWARD
CITY - ST - ZIP	LIVE OAK FL
TITLE	VD
NAME	CRAPPS, DANIEL
STREET ADDRESS	120 E. HOWARD
CITY - ST - ZIP	LIVE OAK FL
TITLE	SD
NAME	CALVITT, DICK
STREET ADDRESS	RDXFORD ROAD
CITY - ST - ZIP	LIVE OAK FL
TITLE	TD
NAME	LEIBFRIED, KEITH
STREET ADDRESS	326 WESTMORELAND
CITY - ST - ZIP	LIVE OAK FL
TITLE	D
NAME	HARRELL, MIKE
STREET ADDRESS	111 E. HOWARD
CITY - ST - ZIP	LIVE OAK FL
TITLE	D
NAME	CRAPPS, JAMES
STREET ADDRESS	11TH STREET
CITY - ST - ZIP	LIVE OAK FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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 or authorized 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 the attachment with an address.

SIGNATURE:

Keith C. Leibfried

4/13/95

904-362-3433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #