

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 760280 (8)

1. Corporation Name  
**COMMITTEE ORGANIZING ASSISTANCE & COMMUNITY HELP  
FOUNDATION INC.**

95 FEB -9 AM 11:31

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**% WILLIE G. DIXON  
P.O. BOX 310747  
TAMPA FL 33680-0747**

3. Date Incorporated or Qualified **10/05/1981** 3a. Date of Last Report **02/23/1994**  
4. FEI Number **59-2166415** Applied For Not Applicable

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

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. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**DIXON, WILLIE G.  
2912 N. 9TH STREET  
TAMPA FL 33605**

10. Name and Address of New Registered Agent  
81 Name **DIXON, WILLIE G.**  
82 Street Address (P.O. Box Number is Not Acceptable) **11004 ULSTER COURT**  
83 **TAMPA**  
84 City **TAMPA** 85 Zip Code **FL 33610**

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 **WILLIE G. DIXON** *Willie G. Dixon* **01/14/95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>
NAME	<b>LITTLE, GERALD</b>
STREET ADDRESS	<b>510 NANTUCKET</b>
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>
TITLE	<b>P</b>
NAME	<b>JENKINS, ANNETTE</b>
STREET ADDRESS	<b>303 CRAYFORD PLACE</b>
CITY-ST-ZIP	<b>VALRICO FL</b>
TITLE	<b>S</b>
NAME	<b>MUTCHERSON, WILLIE MAE</b>
STREET ADDRESS	<b>2518 E. CARACAS</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b>
NAME	<b>DIXON, WILLIE G</b>
STREET ADDRESS	<b>2912 N 9TH ST</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>TD</b>
NAME	<b>COLLINS, RAY</b>
STREET ADDRESS	<b>8309 LIBBY LANE</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>S THOMPSON, JAMES</b>
3.3 STREET ADDRESS	<b>1333 West Cass Street</b>
3.4 CITY-ST-ZIP	<b>Tampa, FL 33607</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(g), 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: *James Thompson* James Thompson, Secretary 01/14/95 (813) 254-3700  
Signature and typed or printed name of signing officer or director Date (Include 1 page)