

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 760280 (8)

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



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 02/09/1995

2. Principal Place of Business 2a. Mailing Address
21 1333 W. CASS ST 26 SAME AS ABOVE
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 TAMPA, FL 28 City & State
24 33607 25 Hillsborough 29 Zip 30 Country

4. FEI Number 59-2168415 Applied For Not Applicable
5. Certificate of Status Desired [X] \$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 [X] Yes [] No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
DIXON, WILLIE G. 11004 ULSTER COURT TAMPA FL 33610
81 Name N/A
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 Willie G. Dixon, Willie G. Dixon, EXECUTIVE DIRECTOR 1/18/96
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	VD [] DELETE	1.1 TITLE	[] Change [] Addition
NAME	LITTLE, GERALD	1.2 NAME	
STREET ADDRESS	510 NANTUCKET	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	1.4 CITY-ST-ZIP	
TITLE	P [] DELETE	2.1 TITLE	[] Change [] Addition
NAME	JENKINS, ANNETTE	2.2 NAME	
STREET ADDRESS	303 CRAYFORD PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	2.4 CITY-ST-ZIP	
TITLE	S [] DELETE	3.1 TITLE	[] Change [] Addition
NAME	THOMPSON, JAMES	3.2 NAME	
STREET ADDRESS	1333 WEST CASS STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D [] DELETE	4.1 TITLE	[] Change [] Addition
NAME	DIXON, WILLIE G	4.2 NAME	
STREET ADDRESS	2912 N 9TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	TD [] DELETE	5.1 TITLE	[] Change [] Addition
NAME	COLLINS, RAY	5.2 NAME	
STREET ADDRESS	8309 LIBBY LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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: Willie G. Dixon, Willie G. Dixon, EXECUTIVE DIR. 1/18/95 (813) 242-5354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)