

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 20 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 760280 (8)**

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



Principal Place of Business 1333 W CASS STREET TAMPA FL 33607 US	Mailing Address PO BOX 310747 TAMPA FL 33680-0747 US
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3. Date Incorporated or Qualified <b>10/05/1981</b>	
4. FEI Number <b>59-2168415</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1331 W. CASS ST</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>TAMPA, FL</b>	City & State 28
Zip 24 <b>33607</b>	Country 25 <b>Hillsborough</b>
	Zip 29
	Country 30

9. Name and Address of Current Registered Agent

**DIXON, WILLIE G.  
11004 ULSTER COURT  
TAMPA FL 33610**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	85 Zip Code

**FL**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>LITTLE, GERALD</b>	
STREET ADDRESS	<b>510 NANTUCKET</b>	
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>JENKINS, ANNETTE</b>	
STREET ADDRESS	<b>303 CRAYFORD PLACE</b>	
CITY-ST-ZIP	<b>VALRICO FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMPSON, JAMES</b>	
STREET ADDRESS	<b>1333 WEST CASS STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
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>	<input type="checkbox"/> DELETE
NAME	<b>COLLINS, RAY</b>	
STREET ADDRESS	<b>8309 LIBBY LANE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
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>6013 N. 40th St,</b>
3.4 CITY-ST-ZIP	<b>TAMPA, FL 33610</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D Dixon, Willie G.</b>
4.3 STREET ADDRESS	<b>11004 ULSTER COURT</b>
4.4 CITY-ST-ZIP	<b>TAMPA, FL 33610</b>
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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.

**SIGNATURE: Willie G. Dixon, Dir. 1/6/98 (813)254-3700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050274

CR2E037 (10/97)