

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90088 017 ****78.75

DOCUMENT # 760280

1. Entity Name
COMMITTEE ORGANIZING ASSISTANCE & COMMUNITY HELP

Principal Place of Business Mailing Address
1331 W CASS ST **PO BOX 310747**
TAMPA FL 33607 **TAMPA FL 33680-0747**
US **US**

RUUUJ104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2168415	<input checked="" type="checkbox"/> Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip		Zip		Two(2) Copies	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DIXON, WILLIE G. 11004 ULSTER COURT TAMPA FL 33610			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, GERALD	NAME	
STREET ADDRESS	510 NANTUCKET	STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, ANNETTE	NAME	
STREET ADDRESS	303 CRAYFORD PLACE	STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JAMES	NAME	THOMPSON, JAMES
STREET ADDRESS	6013 N 40TH ST	STREET ADDRESS	1104 W. DELEON
CITY-ST-ZIP	TAMPA FL 33610	CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, WILLIE G	NAME	
STREET ADDRESS	11004 ULSTER COURT	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, RAY	NAME	COLLINS RAY
STREET ADDRESS	8309 LIBBY LANE	STREET ADDRESS	3423 LITTLE OAK ST
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	VALRICO, FL 33594
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE G. DIXON 1/14/00 (813)254-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)