

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **770809** (2)  
1. Corporation Name  
**ALLEGANY COMMUNITY OUT REACH GRANT FUND, INC.**



Principal Place of Business: **6200 COURTNEY CAMPBELL CAUSEWAY SUITE 100 TAMPA FL 33607**  
Mailing Address: **6200 COURTNEY CAMPBELL CAUSEWAY SUITE 100 TAMPA FL 33607**

3. Date Incorporated or Qualified: **10/14/1983**  
3a. Date of Last Report: **06/19/1995**  
4. FEI Number: **59-2410976**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent

**SULLIVAN, SR. MARIE C  
6200 COURTNEY CAMPBELL CAUSEWAY  
SUITE 100  
TAMPA FL 33607**

10. Name and Address of New Registered Agent

**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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 or director (agent) (date) Registered Agent's signature (typed or printed name) (date)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>SULLIVAN, SR. MARIE C</b>
STREET ADDRESS	<b>6200 COURTNEY CAMPBELL CAUSEWAY, #100</b>
CITY-ST-ZIP	<b>TAMPA FL 33607</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>DOOLEY, MICHAEL</b>
STREET ADDRESS	<b>6200 COURTNEY CAMPBELL CAUSEWAY, #100</b>
CITY-ST-ZIP	<b>TAMPA FL 33607</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>MCCONNELL, JANE</b>
STREET ADDRESS	<b>6200 COURTNEY CAMPBELL CAUSEWAY, #100</b>
CITY-ST-ZIP	<b>TAMPA FL 33607</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HEBERT, SUZANNE</b>
STREET ADDRESS	<b>6200 COURTNEY CAMPBELL CAUSEWAY, #100</b>
CITY-ST-ZIP	<b>TAMPA FL 33607</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>OWENS, MALINDA</b>
STREET ADDRESS	<b>6200 COURTNEY CAMPBELL CAUSEWAY, #100</b>
CITY-ST-ZIP	<b>TAMPA FL 33607</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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D TRAU, DR. JANE MARY</b>
5.3 STREET ADDRESS	<b>6200 COURTNEY CAMPBELL CAUSEWAY STE 100</b>
5.4 CITY-ST-ZIP	<b>TAMPA, FL 33607</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>400001771324</b>
6.3 STREET ADDRESS	<b>-04/05/96--01089--015</b>
6.4 CITY-ST-ZIP	<b>***306.25</b>

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: *[Signature]* **MICHAEL DOOLEY** 3/15/96 813-281-9098  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Phone #

CR2E037 (12/95)