

FILE NOW: FILING FEE IS \$61.25

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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date incorporated or Qualified 10/14/1983	3a. Date of Last Report 04/05/1996
4. FEI Number 59-2410976	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent SULLIVAN, SR. MARIE C 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 100 TAMPA FL N3607	10. Name and Address of New Registered Agent 81 Name HOWARD WATTS 82 Street Address (P.O. Box Number is Not Acceptable) 6200 COURTNEY CAMPBELL CSWY 83 SUITE 100 84 City TAMPA FL 85 Zip Code 33607
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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, 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: *Samuel W. Watts* HOWARD W. WATTS 4/9/97
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	P <input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, SR. MARIE C
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #100
CITY-ST-ZIP	TAMPA FL 33607
TITLE	T <input type="checkbox"/> DELETE
NAME	DOOLEY, MICHAEL
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #100
CITY-ST-ZIP	TAMPA FL 33607
TITLE	SD <input type="checkbox"/> DELETE
NAME	MCCONNELL, JANE
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #100
CITY-ST-ZIP	TAMPA FL 33607
TITLE	D <input type="checkbox"/> DELETE
NAME	HEBERT, SUZANNE
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #100
CITY-ST-ZIP	TAMPA FL 33607
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	TRAU, JANE M DR
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, STE 100
CITY-ST-ZIP	TAMPA FL 33607
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HOWARD WATTS
1.3 STREET ADDRESS	6200 COURTNEY CAMPBELL CSWY #100
1.4 CITY-ST-ZIP	TAMPA, FLORIDA 33607
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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DEBBIE COAKLEY
5.3 STREET ADDRESS	6200 COURTNEY CAMPBELL CSWY #100
5.4 CITY-ST-ZIP	TAMPA, FLORIDA 33607
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800002152678
6.3 STREET ADDRESS	-04/23/97--01100--031
6.4 CITY-ST-ZIP	***306 25

14. I do 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 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: *Michael Dooley* Michael Dooley 4/9/97 813-281-9098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designation

CR2E037 (9/96)