


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
4. FEI Number 59-2410976	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**WATTS, HOWARD
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. City	
84. City	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: *Howard Watts*
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	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATTS, HOWARD	1.2 NAME	St. Marita Flynn, OSF
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY	1.3 STREET ADDRESS	St. Anthony Convent
CITY-ST-ZIP	TAMPA FL 33607	1.4 CITY-ST-ZIP	431 11th Street North St. Petersburg, FL 33705
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOOLEY, MICHAEL	2.2 NAME	Chauk, Gary
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #100	2.3 STREET ADDRESS	6200 Courtney Campbell Causeway 100
CITY-ST-ZIP	TAMPA FL 33607	2.4 CITY-ST-ZIP	TAMPA FL 33607
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCONNELL, JANE	3.2 NAME	St. Duke Hollis, OSF
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #100	3.3 STREET ADDRESS	St. Francis Xavier Convent
CITY-ST-ZIP	TAMPA FL 33607	3.4 CITY-ST-ZIP	4015 Heitman Street Ft Myers, FL 33901-3616
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEBERT, SUZANNE	4.2 NAME	Rudy Michael
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #100	4.3 STREET ADDRESS	4717 Dolphin Cay, #602
CITY-ST-ZIP	TAMPA FL 33607	4.4 CITY-ST-ZIP	St Petersburg, FL 33711
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COAKLEY, DEBBIE	5.2 NAME	James Murman, Esq.
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY	5.3 STREET ADDRESS	201 E. Kennedy Blvd.
CITY-ST-ZIP	TAMPA FL 33607	5.4 CITY-ST-ZIP	Tampa, FL 33609
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	St. Dolores O'Brien, OSF
STREET ADDRESS		6.3 STREET ADDRESS	Franciscan Srs. of Allegany
CITY-ST-ZIP		6.4 CITY-ST-ZIP	115 E. Main Street Allegany, NY 14706

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(h), 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 any attachment with an address.

CR2E037 (10/97)