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**Apr 29, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1998

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 Mailing Address  
**6200 COURTNEY CAMPBELL CAUSEWAY SUITE 100 TAMPA FL 33607**

3. Date Incorporated or Qualified  
**10/14/1983**  
 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  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 **19329 U.S. Hwy 19 N.** 26 **19329 U.S. Hwy. 19 N.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **Suite 100** 27 **Suite 100**  
 City & State City & State  
 23 **Clearwater Fl.** 28 **Clearwater Fl.**  
 Zip Country Zip Country  
 24 **33744** 25 **USA** 29 **33744** 30 **USA**

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 **Joanne Olvera Lighter**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**19329 U.S. Hwy. 19 North**  
 83 **Suite 100**  
 84 City **Clearwater** FL 85 Zip Code **33764**

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 *Joanne Olvera Lighter* DATE **4-23-99**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	WATTS, HOWARD
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY
CITY-ST-ZIP	TAMPA FL 33607
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	DOOLEY, MICHAEL
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #100
CITY-ST-ZIP	TAMPA FL 33607
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	MCCONNELL, JANE
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #100
CITY-ST-ZIP	TAMPA FL 33607
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HEBERT, SUZANNE
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #100
CITY-ST-ZIP	TAMPA FL 33607
TITLE	D <input type="checkbox"/> DELETE
NAME	COAKLEY, DEBBIE
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY
CITY-ST-ZIP	TAMPA FL 33607
TITLE	P <input type="checkbox"/> DELETE
NAME	Lighter, Joanne Olvera
STREET ADDRESS	19329 U.S. Hwy. 19 N. - Suite 100
CITY-ST-ZIP	Clearwater Fl. 33744

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	St. Marita Flynn, OSF
1.3 STREET ADDRESS	St. Anthony Convent
1.4 CITY-ST-ZIP	631 11th Street North St. Petersburg, FL 33705
2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Chauk, Gary
2.3 STREET ADDRESS	6200 Courtney Campbell Causeway 100
2.4 CITY-ST-ZIP	Tampa FL 33607
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	St. Della Hollis, OSF
3.3 STREET ADDRESS	St. Francis Xavier Convent
3.4 CITY-ST-ZIP	2045 Heltman Street St. Myers, FL 33901-3616
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Rudy Michael
4.3 STREET ADDRESS	4717 Dolphin Cay, #602
4.4 CITY-ST-ZIP	St Petersburg, FL 33711
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	James Murman, Esq.
5.3 STREET ADDRESS	201 E. Kennedy Blvd.
5.4 CITY-ST-ZIP	Tampa, FL 33609
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	St. Dolores O'Brien, OSF
6.3 STREET ADDRESS	Franciscan Srs. of Allegany
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.

SIGNATURE *Joanne Olvera Lighter* REQUIRED DATE **4-23-99**  
 Signature and typed or printed name of signing officer or director