

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770809

1. Entity Name

ALLEGANY COMMUNITY OUT REACH GRANT FUND, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90023 032 ****61.25

Principal Place of Business 19329 US HWY 19 N STE 100 CLEARWATER FL 33764	Mailing Address 19329 US HWY 19 N STE 100 CLEARWATER FL 33764-3102
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-2410976	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LIGHTER, JOANNE O 19329 US HWY 19 N. STE 100 CLEARWATER FL 33764	7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D <input type="checkbox"/> Delete NAME: FLYNN, SR MARITA STREET ADDRESS: ST ANTHONY COVENT/631 11TH STREET NORTH CITY-ST-ZIP: ST PETERSBURG FL 33705		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: T <input checked="" type="checkbox"/> Delete NAME: CHAWK, GARY STREET ADDRESS: 6200 COURTNEY CAMPBELL CAUSEWAY 100 CITY-ST-ZIP: TAMPA FL 33607		TITLE: P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Lighter, Joanne STREET ADDRESS: 19329 US HWY 19 N - Ste 100 CITY-ST-ZIP: Clearwater FL 33764	
TITLE: D <input type="checkbox"/> Delete NAME: HOLLIS, SR DANA STREET ADDRESS: ST FRANCIS XAVIER CONVENT/2045 HEITMAN STR CITY-ST-ZIP: FT MYERS FL 33901-3616		TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: ST GALATRO, ANN STREET ADDRESS: 19329 US HIGHWAY 19 N, SUITE 100 CITY-ST-ZIP: CLEARWATER, FL 33764	
TITLE: D <input type="checkbox"/> Delete NAME: MICHAUD, RUDY STREET ADDRESS: 4717 DOLPHIN CAY, #602 CITY-ST-ZIP: ST PETERSBURG FL 33711		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: D <input type="checkbox"/> Delete NAME: MURMAN, JAMES ESQ. STREET ADDRESS: 201 E KENNEDY BLVD CITY-ST-ZIP: TAMPA FL 33609		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: D <input type="checkbox"/> Delete NAME: O'BRIEN, SR DOLORES STREET ADDRESS: FRANCISCAN SVCS OF ALLEGANY/115 E MAIN ST CITY-ST-ZIP: ALLEGANY NY 14706		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ 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: Joanne Lighter **REQUIRED** 1/17/00 727-507-9668
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)