

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91335 028 \*\*\*\*61.25

3734

**DOCUMENT # 770809**

1. Entity Name

**ALLEGANY COMMUNITY OUT REACH GRANT FUND, INC.**

Principal Place of Business

Mailing Address

19329 US HWY 19 N  
 STE 100  
 CLEARWATER FL 33764

19329 US HWY 19 N  
 STE 100  
 CLEARWATER FL 33764

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2410976**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIGHTER, JOANNE O**  
**19329 US HWY 19 N.**  
**STE 100**  
**CLEARWATER FL 33764**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

9. Election Campaign Financing Trust Fund Contribution.

**\$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  Delete  
 NAME **D FLYNN, SR MARITA**  
 STREET ADDRESS **ST ANTHONY COVENT/631 11TH STREET NORTH**  
 CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE  Change  Addition  
 NAME **D O'Brien, Eileen DSR**  
 STREET ADDRESS **3000 Perry Ave.**  
 CITY-ST-ZIP **Tampa FL 33603**

TITLE  Delete  
 NAME **P LIGHTER, JOANNE**  
 STREET ADDRESS **19329 US HWY 19 N STE 100**  
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D HOLLIS, SR DANA**  
 STREET ADDRESS **ST FRANCIS XAVIER CONVENT/2045 HEITMAN STR**  
 CITY-ST-ZIP **FT MYERS FL 33901-3616**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D MICHAUD, RUDY**  
 STREET ADDRESS **4717 DOLPHIN CAY, #602**  
 CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D MURMAN, JAMES ESQ.**  
 STREET ADDRESS **201 E KENNEDY BLVD**  
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D O'BRIEN, SR DOLORES**  
 STREET ADDRESS **FRANCISCAN SVCS OF ALLEGANY/115 E MAIN ST**  
 CITY-ST-ZIP **ALLEGANY NY 14706**

TITLE  Change  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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/20/01* *727-507-9668*  
 Date Daytime Phone #

CR2E037 (10/00)