


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N04437 (2)**

1. Corporation Name  
**THE ADVISORY COMMITTEE FOR URBAN REVITALIZATION EQUITY (A-CURE), INC.**

Principal Place of Business <b>920 CENTER AVENUE          P.O. BOX 30002          PANAMA CITY FL 32401-4525</b>	Mailing Address <b>920 CENTER AVENUE          P.O. BOX 30002          PANAMA CITY FL 32401-8902</b>
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3. Date Incorporated or Qualified <b>07/31/1984</b>	3a. Date of Last Report <b>08/14/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input 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	30

9. Name and Address of Current Registered Agent

**BRUCE, JOHN T., SR.  
 920 CENTER AVENUE  
 PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D/M	<input type="checkbox"/> DELETE
NAME	BRUCE, JOHN T., SR.	
STREET ADDRESS	920 CENTER AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARSHALL, CHARLOTTE	
STREET ADDRESS	208 N MACARTHUR AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HINES, MYRON	
STREET ADDRESS	1023 E 14TH ST	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, COLUMBUS	
STREET ADDRESS	1002 KIRKLAND AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	LUCAS, JANICE	
STREET ADDRESS	1723 ILLINOIS AVE.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	C/D	<input type="checkbox"/> DELETE
NAME	CLARK, CHARLES	
STREET ADDRESS	908 RUSS LAKES DR.	
CITY-ST-ZIP	SPRINGFIELD FL 32403	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *John T. Bruce Sr* **John T. Bruce Sr**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 2-12-97 Date Daytime Phone # 0009330

CR2E037 (9/96)