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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90176 025 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N04437

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

Principal Place of Business
 920 CENTER AVENUE
 P.O. BOX 30002
 PANAMA CITY FL 32401-4525

Mailing Address
 920 CENTER AVENUE
 P.O. BOX 30002
 PANAMA CITY FL 32401-4525



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/31/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRUCE, JOHN T., SR. 920 CENTER AVENUE PANAMA CITY FL 32401				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D/M	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE, JOHN T., SR.		1.2 NAME				
STREET ADDRESS	920 CENTER AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, CHARLOTTE		2.2 NAME				
STREET ADDRESS	208 N MACARTHUR AVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINES, MYRON		3.2 NAME				
STREET ADDRESS	1023 E 14TH ST		3.3 STREET ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, COLUMBUS		4.2 NAME				
STREET ADDRESS	1002 KIRKLAND AVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL		4.4 CITY-ST-ZIP				
TITLE	VP/D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D/C			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCAS, JANICE		5.2 NAME	Michael Grady			
STREET ADDRESS	1723 ILLINOIS AVE.		5.3 STREET ADDRESS	6020 Cherry St.			
CITY-ST-ZIP	PANAMA CITY FL		5.4 CITY-ST-ZIP	Panama City, FL. 32404			
TITLE	C/D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, CHARLE		6.2 NAME	Ella Mincey			
STREET ADDRESS	908 RUSS LAKES DR.		6.3 STREET ADDRESS	8149 Betty Louise Dr.			
CITY-ST-ZIP	SPRINGFIELD FL 32403		6.4 CITY-ST-ZIP	Panama City, FL. 32404			

14. 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 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, with all other like empowered.

SIGNATURE: Charlotte M. ... 3-10-99 850 769-3698
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)