

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO4910 (8)
1. Corporation Name
GRASSROOTS COMMUNITY MEMBERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2458 GRASSROOTS WAY
TALLAHASSEE FL 32311**

Mailing Address
**2458 GRASSROOTS WAY
TALLAHASSEE FL 32311**

3. Date Incorporated or Qualified 08/29/1984	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2574117	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**SEERY, GEORGE PATRICK
2458 GRASSROOTS WAY
TALLAHASSEE FL 32311**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	SHARGEL, MIA	1.2 NAME	
STREET ADDRESS	2002 SHERIDAN RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WEDDINGTON, MICHAEL	2.2 NAME	
STREET ADDRESS	2457 GRASSROOTS WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	2.4 CITY - ST - ZIP	
TITLE	DVP	3.1 TITLE	☐ Change ☐ Addition
NAME	SERVICE, LINDA	3.2 NAME	
STREET ADDRESS	5052 SWEET BASIL JANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	3.4 CITY - ST - ZIP	
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	GAUDIO, ANTHONY	4.2 NAME	
STREET ADDRESS	2335 GRASSROOTS WAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHNEIDER, TRACIE	5.2 NAME	
STREET ADDRESS	2359 GRASSROOTS WAY	5.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	5.4 CITY - ST - ZIP	
TITLE	DS	6.1 TITLE	☐ Change ☐ Addition
NAME	HLADY, LINDA	6.2 NAME	
STREET ADDRESS	2395 COPACETIC WAY	6.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

M. Shargel (Mia Shargel)

22 April 1995

904-385
5382

SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

(Article 13.002)