

FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04910 (8)

1. Corporation Name
GRASSROOTS COMMUNITY MEMBERS ASSOCIATION, INC.



Principal Place of Business 2458 GRASSROOTS WAY TALLAHASSEE FL 32311	Mailing Address 2458 GRASSROOTS WAY TALLAHASSEE FL 32311
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3. Date Incorporated or Qualified 08/29/1984
4. FEI Number 59-2574117
Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

SEERY, GEORGE PATRICK¹
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
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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SEERY, TANDY		1.2 NAME WILSON, BILL	
STREET ADDRESS 2432 GRASSROOTS WAY		1.3 STREET ADDRESS 2396 GRASSROOTS WAY	
CITY-ST-ZIP TALLAHASSEE FL		1.4 CITY-ST-ZIP TALLAHASSEE, FL 32311	
TITLE DV	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BUCKMAN, S HEILA		2.2 NAME FINER, BOBBI JO	
STREET ADDRESS 5075 SWEET BASIL LANE		2.3 STREET ADDRESS 5076 SWEET BASIL JANE	
CITY-ST-ZIP TALLAHASSEE FL		2.4 CITY-ST-ZIP TALLAHASSEE, FL 32311	
TITLE DS	<input type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MALONEY, DAVID		3.2 NAME	
STREET ADDRESS 2401 CHINABERRY LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL		3.4 CITY-ST-ZIP 32311	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUCKMAN, DAVID		4.2 NAME	
STREET ADDRESS 5075 SWEET BASIL LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL		4.4 CITY-ST-ZIP 32311	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOTTSCHALK, NECHAMA		5.2 NAME	
STREET ADDRESS 2367 MOONDANCE TR		5.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL		5.4 CITY-ST-ZIP 32311	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ALOVUS, JAN		6.2 NAME KITTLE, LYN	
STREET ADDRESS 2460-A GRASSROOTS WAY		6.3 STREET ADDRESS 2335 GRASSROOTS WAY	
CITY-ST-ZIP TALLAHASSEE FL		6.4 CITY-ST-ZIP TALLAHASSEE, FL 32311	

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.

SIGNATURE: Nechama Gottschalk 4/28/98 (850) 656-1460

CR2E037 (10/97)

ADDENDUM.

DOCUMENT # NO4910 (e)

GRASSROOTS COMMUNITY MEMBERS ASSN., INC

ITEM 13, OFFICERS AND DIRECTORS - ADDITONS :

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SHARGEL, MIA

2002 SHERIDAN RD.

TALLAHASSEE, FL. 32303