


FILE NOW: FILING FEE IS \$61.25

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90196 030 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04910

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



- 2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/29/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2574117	
24 Country		29 Country		30	
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing		<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	
SEERY, GEORGE PATRICK 2458 GRASSROOTS WAY TALLAHASSEE FL 32311		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

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	DVP	1.1 TITLE	DV
NAME	WILSON, BILL	1.2 NAME	BEN GREEN
STREET ADDRESS	2396 GRASSROOTS WAY	1.3 STREET ADDRESS	2359 GRASSROOTS WAY
CITY-ST-ZIP	TALLAHASSEE FL 32311	1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	DS	2.1 TITLE	D
NAME	FINER, BOBBI JO	2.2 NAME	CAROLYN TERRELL
STREET ADDRESS	5076 SWEET BASIL JANE	2.3 STREET ADDRESS	2368 MOONDANCE TR.
CITY-ST-ZIP	TALLAHASSEE FL 32311	2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	DE	3.1 TITLE	DP
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	
TITLE	DT	4.1 TITLE	D
NAME	BUCKMAN, DAVID	4.2 NAME	JEFF BLAIR
STREET ADDRESS	5075 SWEET BASIL LANE	4.3 STREET ADDRESS	1256 CONGERVENCY DR., E.
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	DE	5.1 TITLE	D
NAME	GOTTSCHE, NECHAMA	5.2 NAME	PAULA GERSON
STREET ADDRESS	2367 MOONDANCE TR.	5.3 STREET ADDRESS	2395 COPACETIC WAY.
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	DE	6.1 TITLE	DT
NAME	KITTLE, LYN	6.2 NAME	
STREET ADDRESS	2335 GRASSROOTS WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	6.4 CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYN KITTLE TREASURER

4/28/99

Date

850-671-2871

Daytime Phone #

CR2E037 (1/98)