~~SECOND NOTICE--CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST [illegible], 1995.~~
~~AMOUNT DUE ON OR BEFORE [illegible]~~

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26794 (0)

1. Corporation Name

OLD SEMINOLE HEIGHTS PRESERVATION COMMITTEE, INC

Principal Place of Business	Mailing Address
~~LYNNE HINMAN~~ Rick Fifer PO BOX 360022 TAMPA FL 33673 US	~~LYNNE HINMAN~~ Rick Fifer PO BOX 360022 TAMPA FL 33673 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 06/06/1988
3a. Date of Last Report: 06/28/1994
4. FEI Number: NOT APPLICABLE — ☐ 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 ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~HINMAN, LYNNE~~
~~5407 N SEMINOLE AVE~~
~~TAMPA FL 33604~~

10. Name and Address of New Registered Agent

81 Name: Rick Fifer
82 Street Address (P.O. Box Number is Not Acceptable): 1214 E. Powhatan Ave.
83
84 City: Tampa — FL — 85 Zip Code: 33604

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 Rick Fifer, President [signature] — 6-12-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DOYLE, RAY J
STREET ADDRESS	5401 SEMINOLE AVE
CITY-ST-ZIP	TAMPA FL
TITLE	T
NAME	HINMAN, LYNNE
STREET ADDRESS	5407 SEMINOLE AVE
CITY-ST-ZIP	TAMPA FL
TITLE	S
NAME	CORTESA, MARY
STREET ADDRESS	5107 BRANCH AV
CITY-ST-ZIP	TAMPA FL
TITLE	V
NAME	CASSADAY, GEORGE
STREET ADDRESS	5508 BRACH AVE
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	GLUCKMAN, STEVE
STREET ADDRESS	5114 SUWANEE AVENUE
CITY-ST-ZIP	TAMPA FL
TITLE	S
NAME	FOX, SUSAN
STREET ADDRESS	5608 SEMINOLE AVENUE
CITY-ST-ZIP	TAMPA FL

Original remitted by May 1 BP 7/6/95

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President (P)	☒ Change ☐ Addition
1.2 NAME	Fifer, Rick	
1.3 STREET ADDRESS	1214 E. Powhatan Ave.	
1.4 CITY-ST-ZIP	Tampa, FL 33604	
2.1 TITLE	V. President (V)	☒ Change ☐ Addition
2.2 NAME	St. Ives, Evan	
2.3 STREET ADDRESS	1227 E. Powhatan Ave.	
2.4 CITY-ST-ZIP	Tampa, FL 33604	
3.1 TITLE	Secretary (S)	☒ Change ☐ Addition
3.2 NAME	Yokley, Kim	
3.3 STREET ADDRESS	5307 N. Seminole Ave.	
3.4 CITY-ST-ZIP	Tampa, FL 33603	
4.1 TITLE	Trustee (D)	☒ Change ☐ Addition
4.2 NAME	Curry, Kacy	
4.3 STREET ADDRESS	210 W. Mohawk Ave.	
4.4 CITY-ST-ZIP	Tampa, FL 33604	
5.1 TITLE	Trustee (D)	☒ Change ☐ Addition
5.2 NAME	Hunter, Bill	
5.3 STREET ADDRESS	202 E. North St.	
5.4 CITY-ST-ZIP	Tampa, FL 33604	
6.1 TITLE	Trustee (D)	☒ Change ☐ Addition
6.2 NAME	[redacted] Gluckman, Steve	
6.3 STREET ADDRESS	5114 N. Suwanee	
6.4 CITY-ST-ZIP	Tampa, FL 33603	

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: Rick Fifer, President [signature] — 6-12-95 — 813/272-2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

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N26494

Old Seminole Heights Neighborhood Association, Inc.

June 12, 1995

Sean Toner
Annual Reports Section
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Mr. Toner:

Enclosed is a copy of your letter dated 6-6-95, the copy of the Annual Report sent by Ms. Hinman, and a clear,corrected copy of the Annual Report. Unless it would create problems with your record keeping, please use the typed copy and destroy the hand-written version.

Should you have any questions you can contact me during the day at 813/272-2013.

Sincerely,

Rick Pifer, President
Old Seminole Heights
Neighborhood Association

Post Office Box 360022, Tampa, FL 33673-0022