


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
---	---	---

DOCUMENT # N93000002608 (8)
 1. Corporation Name
MOMS OF TIERRA VERDE, INC.



Principal Place of Business P.O. BOX 58203 TIERRA VERDE FL 33715	Mailing Address P.O. BOX 58203 TIERRA VERDE FL 33715
--	--

3. Date Incorporated or Qualified 06/03/1993	Applied For <input type="checkbox"/>
4. FEI Number 59-3191979	Not Applicable <input type="checkbox"/>
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 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 type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

HINTON, CHARLES D
6418 9TH ST N
ST PETERSBURG FL 33702

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 **FL**

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	RIETH, KARYN	
STREET ADDRESS	674 PONCE DE LEON DRIVE	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	HELALAT, LINNEA	
STREET ADDRESS	658 PONCE DE LEON DRIVE	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEDINGHAUS, DEBBIE	
STREET ADDRESS	627 DESOTO DRIVE	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bedinghaus, Debbie	
1.3 STREET ADDRESS	627-Desoto Dr.	
1.4 CITY-ST-ZIP	Tierra Verde, Fl. 33715	
2.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Demaio, Martha	
2.3 STREET ADDRESS	436- Monte Cristo Blvd.	
2.4 CITY-ST-ZIP	Tierra Verde, Fl. 33715	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rieth, Karyn	
3.3 STREET ADDRESS	674-Ponce De Leon Dr.	
3.4 CITY-ST-ZIP	Tierra Verde, Fl. 33715	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(l), 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: **Debbie Bedinghaus** **Debbie Bedinghaus** 3-12-98 813-866-3911

CR2E037 (10/97)