## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(9) 900000

1. Corporation Name N95000000298 (6)						
DARE T	O BE GREAT, INC.					
Principal Place	of Business	Mailing Address			S EQUANION DIO FOLOS DINI BUIS OFFIL DOI	,DE MENT BOTH DOLL OF LINES 18181 LAIS 1918
12345 A STAR	KEY RD	12345 A STARKEY RD LARGO FL 34643				
					3. Date Incorporated or Qualified 01/23/1995	3a. Date of Last Report
2. Principal Pla	ice of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21 26		26	<u></u>		59-3322336	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
23)	Country	28 Zip	Country		This corporation has liability for intal	
Zip 24	Country	29	30		Florida Statutes 🔲 Yes 🚻 No	
	9. Name and Address of Curre				10. Name and Address of New Reg	stered Agent
			61	Name		
PFEIFFER, CYNTHIA J			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	ESCOTT AVE S					
	ATER FL 34616		83	83		
			84	City		FL 85 Zip Code
		0 017 1500 50	on the above	named corr	poration submits this statement for the purpo	aso of changing its registered office
or register familiar wit	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authoriz	ed by the con	ooration's b	oard of directors. I hereby accept the appoin	
SIGNATURE	Signature, typed or printed name of registered ager		OTE: Registered Age	ent signature req	uired when reinstating: ADDITIONS/CHANGES TO OFFIC	DATE SEDS AND DIDECTORS IN 15
12.		OFFICERS AND DIRECTORS			President	Change X Addition
TITLE	FRIZZELL, JOANNE		1 1 THILE 1 2 NAME		Robert D. McIntyre	
NAME					12345-A Starkey Road	
STREET ADDRESS	LARGO FL 34647		1.3 STREE		Largo, FL 34643	<i>.</i>
CITY-ST-ZIP TITLE	D	DELETÉ	2 1 TITLE		Secretary	Change 🙀 Addition
NAME	RUNZO, THOMAS	. <del></del> -		: [	Phyllis Miller	
STREET ADDRESS	A AAAC NI DANGILODE		2 3 STREI	ET ADDRESS	907 Leona Drive	
CITY-ST-ZIP	MADERIA BEACH FL 33708		2. 4 CITY	I	Largo, FL 34640	
TITLE	D	DELETE	3 1 TITLE			Change Addition
NAME	WILSON, ROBERT		3 2 NAM1			
STREET ADDRESS	12744 9TH AVE N		33 STRE	ET ADDRESS		
CITY - ST - ZIP	SEMINOLE FL 34646		3.4. CITY			Change Addition
TITLE		DELETE	4.1 TITLE		በበበስበ 17 የ	
NAME			4 2 NAM		<b>0000017</b> 3 -03/04/96010	34008
STREET ADDRESS				et address	***70.00	
CITY-ST-ZIP			4.4 CITY			Change Addition
TITLE			5 1 TITLE			□ 4:4v □ ::30401
NAME			5.2 NAM			
STREET ADDRESS				ET ADORESS		
CITY-ST-ZIP			5 4 CITY 6 1 TITLE			☐ Change ☐ Addition
TITLE		Поссетс	62 NAM			- W
NAME OTOGET ADODESES				ET ADDRESS		> %
STREET ADDRESS				-ST-ZIP		· /[ '
CITY-ST-ZIP	by codify that the information symplic	d with this filing is voluntarily for	rnished and de	oes not aua	lify for the exemption stated in Section 119.0	07(3)(k), Florida Statutes. I further

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 Statules. 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:

SIGNATURE TO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 Date

(813) 535-6007 Daytime Phone #