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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000000298**

1. Corporation Name

DARE TO BE GREAT, INC.

106375 - 90031 - 8

Principal Place of Business	Mailing Address
12345 A STARKEY RD LARGO FL 33773 US	12345 A STARKEY RD LARGO FL 33773 US

2. Principal Place of Business 21 ONE DITEK CENTER Suite, Apt. #, etc. 22 1720 Starkey Road City & State 23 Largo FL Zip 24 33771 Country 25 USA	2a. Mailing Address 26 ONE DITEK CENTER Suite, Apt. #, etc. 27 1720 Starkey Road City & State 28 Largo FL Zip 29 33771 Country 30 USA	3. Date Incorporated or Qualifed 01/23/1995 4. FEI Number 59-3322336 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PFEIFFER, CYNTHIA J
1485 PRESCOTT AVE S
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FRIZZELL, JOANNE		1.2 NAME		
STREET ADDRESS	8687 MAIDSTONE CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HAMMER, MARK		2.2 NAME		
STREET ADDRESS	8997 131ST PLACE N. #200		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, ROBERT		3.2 NAME		
STREET ADDRESS	12744 9TH AVE N		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		3.4. CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCINTYRE, ROBERT D		4. 2 NAME		
STREET ADDRESS	12345-A STARKEY RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, PHYLLIS		5.2 NAME		
STREET ADDRESS	907 LEONA DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 R.D. McIntyre 1-13-99 727-812-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)