

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000001311 (8)

1. Corporation Name

PAUL A. DIGGS NEIGHBORHOOD, INC.



Principal Place of Business

202 W. 9TH ST.
LAKELAND FL 33805

Mailing Address

202 W. 9TH ST.
LAKELAND FL 33805

3. Date Incorporated or Qualified
03/20/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 202 W 9th St

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

59-3297433

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SCALES, MADIE H
202 W. 9TH ST.
LAKELAND FL 33805

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

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 VD
NAME SCALES, MADIE H
STREET ADDRESS 202 W. 9TH ST.
CITY-ST-ZIP LAKELAND FL 33805 DELETE

1.1 TITLE Pres. P.
1.2 NAME Scales, Madie H. Change Addition
1.3 STREET ADDRESS 202 W 9th ST
1.4 CITY-ST-ZIP Lakeland FL 33805

TITLE SD
NAME JACKSON, PATRICIA A
STREET ADDRESS 421 TUCKER ST.
CITY-ST-ZIP LAKELAND FL 33805 DELETE

2.1 TITLE Jackson, Patricia A Change Addition
2.2 NAME
2.3 STREET ADDRESS 421 Tucker St.
2.4 CITY-ST-ZIP Lakeland FL 33805

TITLE TD
NAME SIMMONS, MARY A
STREET ADDRESS 1420 N. FLORIDA AVE., #68
CITY-ST-ZIP LAKELAND FL 33805 DELETE

3.1 TITLE
3.2 NAME Delete
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

4.1 TITLE F.B.T. Financial Sav. Trust
4.2 NAME Catherine Leonard Change Addition
4.3 STREET ADDRESS 715 1/2 Adam St.
4.4 CITY-ST-ZIP Lakeland, FL 33801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

6.1 TITLE
6.2 NAME 500001869195
6.3 STREET ADDRESS -06/20/96--01028--034
6.4 CITY-ST-ZIP ***61.25 Change Addition

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: Madie Harris Scales - Madie HARRIS scales 5/28/1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 04/1-687-8199 Daytime Phone # (813) 119196

CR2E037 (12/95)