NONPROFIT CORPORATION ANNUAL REPORT



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

1996 N95000001311 (8) DOCUMENT # 1. Corporation Name

PAUL A. DIGGS NEIGHBORHOOD, INC.

Principal Place of Business 202 W. 9TH ST. LAKELAND FL 33805 202 W. 9TH ST. LAKELAND FL 33805 3. Date Incorporated or Qualified (03/20/1995) 2. Principal Place of Business 26 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						<u> </u>	ial da ila qu iqa il ada dilal albuk erde i bo l	
AMELAND FL 3805 LAMELAND FL 3805 S. Date of Business Sa. Date of Last Report	Principal Place	of Business	Mailing Address					
2. Proceed Page of Business								
SOURCE APE #, etc. 25						3. Date Incorporated or Qualified 03/20/1995	3a. Date of Last Report	
Subject Appl. 4, etc. Subject S	2. Principal Pla	ace of Business		1 (2			Applied For	
SCALES, MADIE H 202 W. 9TH ST. LAKELAND FL 33805 Society State Society S	21		26 202 WYW	v 9/1		59-329143.	Not Applicable	ڍ
Cay & State Country 28	· '	#, etc.		.0		5. Certificate of Status Desired		
20 Country 2 2 3 3 8 0 5 30 Forch 8 Trust Fund Contribution			+ · · · · · · · · · · · · · · · · · · ·			6 5		
Zop	23					11		
SCALES, MADIE H 202 W. 9TH ST. LAKELAND FL 33805 11. Pursuant to the provisions of Geodora B17 0007 and 617,1566 Fords Statutes by the corporation's obmits this statement for the purpose of form in the State of Fords Statutes by the corporation's obmits this statement for the purpose of fords and form of 17,000 February and statutes by the corporation's bound of deathers. Thereby accept the appointment as registered agent. Lan grants and the provision of the purpose of the purpose of the corporation's bound of deathers. The purpose of the		Country	T	Country	01			_
SCALES, MADIE H 202 W. 9TH ST. LAKELAND FL 33805 1. Pursuant to the provisions of Sections 817,0502 and 617,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fordia Such change was authorized by the comporation's board of directors. I hereby accept the obligations of, Section 617,0503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. Lan SIGNATURE SIGNATURE TO OFFICERS AND DIRECTORS DELETE 13. ADD TIONSIC JAMANES TO OFFICERS AND DIRECTORS 15. THE ADDRESS OUT -51.79 15. ADD TIONSIC JAMANES TO OFFICERS AND DIRECTORS 15. THE ADDRESS OUT -51.79 15. ADD TIONSIC JAMANES TO OFFICERS AND DIRECTORS 15. THE ADDRESS OUT -51.79 15. ADD TIONSIC JAMANES TO OFFICERS AND DIRECTORS 15. THE ADDRESS 15. THE ADDRE	24	25	29 33805 S	30 Po	CR			
SCALES, MADIE H 202 W. 9TH ST. LAKELAND FL 33905 88 City FL 85 Zip Codo 11. Pursuant to the provisions of Sections 617 0502 and 617.1506, Florida Statuters, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statuters, the above named corporation submits this statement for the purpose of changing to registered agent. I am familiar with, and accept the obligations of Sections 617,0502 and 617,1506, Florida Statuters, the above named corporation submits this statement for the purpose of changing to registered agent. I am familiar with and accept the obligations of Section 617,0503, Plantical Statuters, the above named corporation submits this statement for the purpose of changing to registered agent. I am familiar with an accept the obligations of Section 617,0503, Plantical Statuters, the above named corporation submits this statement for the purpose of changing to registered agent. I am familiar with an accept the obligations of Section 617,0502 and 617,1508, Florida Statuters, the above named corporation submits this statement for the purpose of changing to registered agent. I am familiar with an accept the obligation of Section 617,0502 and 617,1508, Florida Statuters, the above named corporation submits this statement for the purpose of changing to registered agent. I am familiar with an accept the objection of Changing the registered agent. I am familiar with a accept the purpose of changing the registered agent. I am familiar with an accept the purpose of changing the registered agent. I am familiar with a accept the purpose of changing the registered agent. I am familiar with a accept the purpose of changing the registered agent. I am familiar with a accept the purpose of changing the registered agent. I am familiar with a accept the purpose of changing the registered agent. I am familiar with a accept the purpose of changing t		9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	jistered Agent	_
202 W. 9TH ST. LAKELAND FL 33805 11. Pursuant to the procleone of Sections 617 0002 and 617 1508. Florids Statutes, the above round cooperation submits this statument for the purpose of changing its registered office familiar with and accept the obligations of Section 617 0505. Florids Statutes, the above round cooperation submits this statument for the purpose of changing its registered office familiar with and accept the obligations of Section 617 0505. Florids Statutes, the above round of directors inhereby accept the opportunents as eightered agent. Lam familiar with and accept the obligations of Section 617 0505. Florids Statutes, the above round of directors inhereby accept the opportunents as eightered office familiar with an advanced the obligations of Section 617 0505. Florids Statutes, the directors inhereby accept the opportunent of separate directors in the corporation is board of directors. Thereby accept the opportunent of separate directors in the corporation is board of directors. Thereby accept the opportunent of separate directors in the corporation is board of directors. Thereby accept the opportunent of separate office agent. Lam familiar with a separate office of the corporation is board of directors. Thereby accept the opportunent of separate office agent. Lam familiar with a separate office of the corporation is board of directors. Thereby accept the opportunent of separate office of the corporation is board of directors. Thereby accept the opportunent of separate office of the corporation is board of directors. Thereby accept the opportunent of separate office of the corporation is becaute of the corporation is board of directors. Thereby accept the opportunent of the purpose of product recept of the opportunent of the purpose of product recept of the corporation is becaute of the corporation is becaute of the corporation is becaute of the corporation is purposed agent. Lam familiary accept the opportunent of the purposed agent. Lam familiary accept the opportunent of the purposed agent				81	Name			
LAKELAND FL 33806 1. Pursuant to the provisions of Sections 617 0502 and 617 1506. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered affice or repostered agent, or both, in the State of Forda Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered affice. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADD TIONS O INVESTO OFFICERS AND DIRECTORS 13. ADD TIONS O INVESTO OFFICERS AND DIRECTORS 13. THE SCALES, MADIE H 22. W. 9TH ST. LAKELAND FL 33805 DELETE 30. JACKSON, PATRICIA A 421 TUCKER ST. LAKELAND FL 33805 DELETE TID SIMMONS, MARY 1420 N. FLORIDA AVE., #68 LAKELAND FL 33805 DELETE DELETE DELETE DELETE 11 TILE CARE PAGE TOURS OF INVESTORS Addition. STREET ADDRESS CITY-ST-2P THE DELETE DELETE DELETE STRING ADDRESS ACTIVIST-2P Addition. STREET ADDRESS CITY-ST-2P THE DELETE DELETE STRING ADDRESS ACTIVIST-2P Addition. STREET ADDRESS CITY-ST-2P THE DELETE DELETE STRING ADDRESS ACTIVIST-2P Addition. STREET ADDRESS CITY-ST-2P THE DELETE STRING ADDRESS ACTIVIST-2P Addition. STREET ADDRESS CITY-ST-2P Addition. STREET ADDRESS ACTIVIST-2P				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
Beautiful City FL St Zip Code				-				_
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutas, the above-named corporation submits this statement for the purpose of changing its registered agent. I am or registered agent. I 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 or registe	LANEDAN	ID FL 33803		83				
1.1. Pursuant to the provisions of Sections 617 0502 and 617,1508, Findia Statuties, the above-hand corporation submits this statement for the purpose of changing its registered agent. I am provisions of Section 617,0503, Florida Statuties. SIGNATURE SIGNATURE SIGNATURE SUBMIT PRINT OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADD TIONS CHANGES TO OFFICERS AND DIRECTORS 14. DELETE 15. THE SCALES, MADIE H 20 W. 9TH ST. LAKELAND FL 33805 INC. STREET ADDRESS CITY-ST-2P SIGNATURE SIMMONS, MARY A 1420 N. FLORIDA AVE., #68 LAKELAND FL 33805 15. CITY-ST-2P TITLE SIMMONS, MARY A 15. STREET ADDRESS CITY-ST-2P TITLE SIMMONS, MARY A 16. STREET ADDRESS CITY-ST-2P TITLE SIMMONS, MARY A 16. STREET ADDRESS CITY-ST-2P TITLE SIMMONS, MARY A 17. STREET ADDRESS CITY-ST-2P TITLE SIMMONS, MARY A 18. STREET ADDRESS CITY-ST-2P TITLE SIMMONS, MARY A 19. STREET ADDRESS SIMMONS, MARY A 19. STREET ADDRESS SIMMONS, MARY A 19. STREET ADDR	•			84	City		85 Zip Code	
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 477.0503, Printed Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADD TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VD OFFICERS AND DIRECTORS 11. IN ILLE SCALES, MADIE H 202 W. 9TH ST. LAKELAND FL 33805 12. AND DIRECTORS IN 12 13. ADD TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VD OFFICERS AND DIRECTORS IN 12 13. ADD TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VD OFFICERS AND DIRECTORS IN 12 13. ADD TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-ST-7P SCALES, MADIE H 202 W. 9TH ST. 13. STREET ADDRESS 20. A W 9TH ST. 13. STREET ADDRESS 20. A W 9TH ST. 13. ADD TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE 10. AND DIRECTORS IN 12 11. ILLE 20. A W 9TH ST. 20. A W 9TH ST	11. Pursuant t	o the provisions of Sections 617 0502	and 617 1508 Florida Statutes	the above-n	amed corporal	tion submits this statement for the number	, ,	_
Signature Supraise Supraise or periodic rank of regulated again and their association PATE Pages P	or register	ed agent, or both, in the State of Florida	 Such change was authorized. 	by the corpo	pration's board	of directors. I hereby accept the appoin	Itment as registered agent. I am	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/OFFISAND DIRECTORS ADDITIONS/OFFISAND DIRE	. ▼	in, and accept the obligations of, section	in o m. 0000, monda Statutes.					
TITLE MAME SCALES, MADIE H 202 W. 9TH ST. LAKELAND FL 33805 TITLE JACKSON, PATRICIA A 421 TUCKER ST. LAKELAND FL 33805 TITLE JACKSON, PATRICIA A 421 TUCKER ST. LAKELAND FL 33805 TITLE SU JACKSON, PATRICIA A 421 TUCKER ST. LAKELAND FL 33805 TITLE SMMONS, MARY A 13 STREET ADDRESS CITY-ST-2P TITLE SMMONS, MARY A 14 TITLE SMMONS, MARY A 14 TITLE SMMONS, MARY A 15 TITLE SMMONS, MARY A 16 TITLE SMMONS, MARY A 16 TITLE SMMONS, MARY A 17 TITLE SMMONS, MARY A 18 TITLE CATH CRIPS TO SMAN STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS GS STREET ADDRESS GS STREET ADDRESS GOVERNMEN STREET ADDRESS CITY-ST-2P TITLE SMMONS, MARY A 18 TITLE COLLETE STREET ADDRESS TO STREET ADDRESS TO STREET ADDRESS TO STREET ADDRESS TO STREET ADDRESS CITY-ST-2P TITLE SO DO TO BEST ADDRESS TO STREET ADDRESS CITY-ST-2P TO STREET ADDRESS TO STR	SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE:	Registered Agent	signature required s	wt en reinstating)	DATE	
NAME STREET ADDRESS CITY-ST-2P LAKELAND FL 33805 SCALES, MADIE H 202 W. 9TH ST. LAKELAND FL 33805 DELETE JACKSON, PATRICIA A 421 TUCKER ST. LAKELAND FL 33805 TITLE SIMMONS, MARY A STREET ADDRESS CITY-ST-2P TITLE SIMMONS, MARY A STREET ADDRESS CITY-ST-2P TITLE DELETE DELET	12.		DIRECTORS	13.		ADD:TIONS/CHANGES TO OFFIC		
NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP DELETE	TITLE	· -	□ D€L€TE	1.1 TITLE	PA	early said	Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP DELETE					50	Lales Mable	Α,	
NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP DELETE				1.3 STREET	ADDRESS 2	od water S	28A5	
NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP DELETE			Florier		- ZIP	Jakelind F1.03	, 0 00	
SIMMONS, MARY A STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS LAKELAND FL 33805 DELETE DELETE	<i>a</i> : 1			1	6	ackson tatrici	PA LI Change LI Addition	
SIMMONS, MARY A STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS LAKELAND FL 33805 DELETE DELETE	1 1				LD	ITucker ST.	•	
SIMMONS, MARY A STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS LAKELAND FL 33805 DELETE DELETE					ADURESS ~~	Capelard F1. 3:	2805	
TITLE DELETE TITLE DELETE TITLE TEST: Fanancial Satistic Change Addition			DIDELETE		1-ZIF C	xu- w. 277 2	Change Addition	
TITLE DELETE TITLE DELETE TITLE TEST: Fanancial Satistic Change Addition		SIMMONS, MARY A	A.	1		0 -		
TITLE DELETE TITLE DELETE TITLE TEST: Fanancial Satistic Change Addition	STREET ADDRESS	1420 N. FLORIDA AVE., #68			ADDRESS () elete		
TITLE	CITY-ST-ZIP	LAKELAND FL 33805		34 CITY-S	1-2IP			
TITLE	· · · · · · · · · · · · · · · · · · ·		DELETE		F	TT-Financial Son	Change	
TITLE	NAME			4. 2 NAME.	(2)	attle Aire Par	7/Reasurer	Y,
TITLE	STREET ADDRESS			4 3 STREET	ADDRESS C	al herine dean	OUD	
NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 61 TITLE NAME 62 NAME -06/20/9601028034 STREET ADDRESS ***61.25 CITY-ST-ZIP 64 CITY-ST-ZIP	CITY-ST-ZIP			44 CITY - ST	-2IP 77	3 /2 444	anl	
STREET ADDRESS	TITLE		DELETE	5 1 THILE		Laketine, F/. 33	Change Addition	
CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 61 TITLE NAME 62 NAME -06/20/9601028034 STREET ADDRESS ***61.25 CITY-ST-ZIP 64 CITY-ST-ZIP	- 1							
TITLE DELETE 61 TITLE 50001869195 Addition NAME 62 NAME -06/20/96-01028-034 Addition STREET ADDRESS \$3 STREET ADDRESS ***61.25 CITY-ST-ZIP 64 CITY-ST-ZIP ****61.25								
CITY-ST-ZIP 64 CITY-ST-ZIP			□ DCLETC	_	- 2IP			_
CITY-ST-ZIP 64 CITY-ST-ZIP			[_]DELETE			50000186 :	9195 Honange Li Addition	
CITY-ST-ZIP 64 CITY-ST-ZIP						-06/20/960102	8034	
						***61.25		
		v certify that the information supplied w	ith this filing is voluntarily furnish			the exemption stated in Section 119.07	(3)(k) Florida Statutes I further	

14. If 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: Multiplication 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: Multiplication 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: Multiplication 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: Multiplication 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: Multiplication of the corporation or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my signature shall have the same legal effect as if in the same legal effect a