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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004789 (1)

SOUTH HILLSBOROUGH COMMUNITY CUPBOARD, INC.

FILED Mar 30 1998 8:00am Secretary of State

	THE COSONOGAN OC	OMMUNITY CUPBUARD,	INC.			
Principal Place of Business Malling Address			···	·· •• ····	E CONTRACTO DE CASTO DE LE CONTRACTO DE CONT	0114 0104C 1000A 101FO 14FA 1001
201 14TH AVE. S.E. 1520 33RD STREET S.E. RUSKIN FL 33570 RUSKIN FL 33570 US			S.E.		3. Date Incorporated or Qualified	
					09/09/1996	
00					4. FEI Number	Applied For
2 Principal D	Place of Business	l 9a Mailine Anthrone			59-3432033	Not Applicable
21	Tace of Dusiliess	2a. Malling Address			6. Certificate of Status Desired	\$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc	>.		6. Election Campaign Financing	\$5.00 May Be
22		27			Trust Fund Contribution	Added to Fees
City & Stai	l e	City & State			7. Is this nonprofit corporation a homeowner	
Zip	Country	28 Zip	Coun	try		No leading
24	25	29	30	-,	This corporation owes or has paid the cur Personal Property Tax due June 30.	rrent year intangible X Yes □ No
	9. Name and Address of	f Current Registered Agent			10. Name and Address of New Registered	Agent
			8	Name		
ZIPPERER, TONY			E	2 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	ird street s.e. Fl 33570			13		
noonin	FL 33570					
			- 1	4 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections (617.0502 and 617.1508, Florida S	Statutes, the abo	ove-named co	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	f changing its registered
agent. I a	im familiar with, and accept the	he obligations of, Section 617.050	3, Florida Statut	les.	alion's board or directors. I hereby accept the app	pointment as registered
SIGNATURE						
OIGHATOTIL.	Planet up Amed or printed serve of serve	determine the second state of the second state				
12.	Signature, typed or printed name of regions of FICE	estered agent and title if applicable ERS AND DIRECTORS	(NOTE: Registered A	gent signature rec	guired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 12
	OFFICE D		13.		quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 12
12.	OFFICE D BERRIEN, JAMES	ERS AND DIRECTORS	13.			
12. TITLE NAME STREET ADDRESS	D BERRIEN, JAMES 5803 VEL STREET	ERS AND DIRECTORS	13. E 1.1 TITLI 1.2 NAM			
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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.

SIGNATURE: Tom 2005-6130