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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000004244

1. Corporation Name

THE GOOD COMMUNITY ALLIANCE, INC.

Principal Place of Business

BOX 10118
TAMPA FL 33679

Mailing Address

BOX 10118
TAMPA FL 33679



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

35605 USA

3. Date Incorporated or Qualified

07/22/1998

4. FEI Number

59-3547077

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

9. Name and Address of Current Registered Agent

EASON, BEN
1310 E. 9TH AVE.
TAMPA FL 33605

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

3/30/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PITCAIRN, DEBORAH
STREET ADDRESS 9114 HIGHLAND RIDGE WAY
CITY-ST-ZIP TAMPA FL 33647

TITLE D ☐ DELETE

NAME RIORDAN, PATRICK
STREET ADDRESS 2107 DEKLE AVE.
CITY-ST-ZIP TAMPA FL 33611

TITLE D ☐ DELETE

NAME EASON, BEN
STREET ADDRESS 1310 E. 9TH AVE.
CITY-ST-ZIP TAMPA FL 33647

TITLE D ☐ DELETE

NAME GAYNOR, CAROL
STREET ADDRESS 4141 BAYSHORE BLVD., #801
CITY-ST-ZIP TAMPA FL 33611

TITLE D ☐ DELETE

NAME KEEBLE, ART
STREET ADDRESS 725 E. KENNEDY, RM. 401
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99 815-226-8250

Date

Daytime Phone #

CR2E037 (1/98)