


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90011 010 ****61.25

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|--|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # N98000004690 | | |
| 1. Corporation Name HIGH POINT COMMUNITY PRIDE, INC. | | |
| Principal Place of Business | Mailing Address | |
| % YMCA OF HIGH POINT 5345 LAUREL PLACE CLEARWATER FL 33760 | % YMCA OF HIGH POINT 5345 LAUREL PLACE CLEARWATER FL 33760 | |



| | | |
|---|---|---|
| 21 5812 150th Ave. North Suite, Apt. #, etc. | 2a. Mailing Address 5812 150th Ave. North Suite, Apt. #, etc. | 3. Date Incorporated or Qualified 08/12/1998 |
| 22 Clearwater, Fl. 33760 City & State | 27 Clearwater, Fl. City & State | 4. FEI Number 59-3529732 |
| 23 33760 Zip | 28 33760 Zip | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 | 29 | 30 |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent |

BEEKMAN, FRANK
 5871 ROOSEVELT BLVD.
 CLEARWATER FL 33760

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 | PD <input type="checkbox"/> DELETE | 1.1 TITLE | Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRIGHT, LENDEL | 1.2 NAME | |
| STREET ADDRESS | 5861 COFFEE BEAN DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL 33760 | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DATSKO, GLENDA | 2.2 NAME | |
| STREET ADDRESS | 15536 WAVERLY ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL 33760 | 2.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | Denetrias Brown <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANDS, DENETRIAS | 3.2 NAME | |
| STREET ADDRESS | 14935 55TH WAY N. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL 33760 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | THOMAS, ARCHIE B | 4.2 NAME | Fran Lever |
| STREET ADDRESS | 15965 MICHIGAN AVE. | 4.3 STREET ADDRESS | 15399 Waverly St. |
| CITY-ST-ZIP | CLEARWATER FL 33760 | 4.4 CITY-ST-ZIP | Clearwater, Fl. 33760 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | GUBELIS, IRENE | 5.2 NAME | |
| STREET ADDRESS | 15318 WAVERLY ST. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL 33760 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | |
| NAME | MARAVENTANO, SUZANNE | 6.2 NAME | |
| STREET ADDRESS | 15389 GEORGE BLVD. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL 33760 | 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: Leslie N. Sturges **REQUIRED** 6-30-99 727-893-2890
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)