## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000074361

1. Corporation Name

## Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90047 009 \*\*\*150.00

COMMU	NITY FUND HAISING, INC.					
Principal Place	e of Business	Mailing Address				E 1801/1064 LIB LINIT BOLL AND BENT SOUS 1801 STATE DIES JUST SUST 1801 1801
		1418 RICARDO AVENUE				
FORT MYERS FL 33901		FORT MYERS FL 33901				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
. · · .	The second second second		-			- 08/24/1998
2. Principal Place of Business		2a. Mailing Address				4, FEI Number Applied For
21 26		<del>-</del>	*			65-0867113 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
		27				5. Certificate of Status Desired LJ Fee Required
		City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23 28						Trust Fund Contribution Added to Fees
Zip Country Zip				Country  8. This corporation owes the current year Intangible Personal Property Tax.		
24	25	29 Agent	30	1		Personal Property Tax.  Yes 10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent		81	Name	iv. Hains and Addiess of hear registered Agent
TRAV	/IS, DAVID A	•				
1418 RICARDO AVENUE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
FORT MYERS FL 33901			j	83	<del></del>	
		4				
				84	City	FL 85 Zip Code
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the al	bove-	named corpo	oration submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State of	of Florida, Such change was a ions of Section 607,0505. Flo	authorized orida Statu	d by thutes.	he corporatio	on's board of directors. I hereby accept the appointment as registered
SIGNATURE	The land with and accept the congar	10115 01, 00011011 00110000, 11				_
SIGNATORE	Signature, typed or printed name of registered agen	t and title if applicable. (NOT		Agent	signature required	d when reinstating) DATE
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DAVID A					
NAME		☐ DELETE	1.1 TII			Change Addition
STREET ADDRESS	TRAVIS, DAVID A	C. DELETE	1.2 NA	AME		
1	1418 RICARDO AVENUE	C) DELETE	1.2 NA 1.3 ST	AME TREET A	ADORESS	
CITY-ST-ZIP	1418 RICARDO AVENUE FORT MYERS FL 33901		1.2 NA 1.3 ST 1.4 CF	AME TREET A	1	
TITLE	1418 RICARDO AVENUE FORT MYERS FL 33901 PST	☐ DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TIT	AME TREET A TY-ST- TLE	1	☐ Change ☐ Addition
TITLE NAME	1418 RICARDO AVENUE FORT MYERS FL 33901 PST TRAVIS, DAVID A		1.2 NA 1.3 ST 1.4 CF 2.1 TO 	AME TREET A TY-ST- TLE AME	- ZIP	☐ Change ☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP	1418 RICARDO AVENUE FORT MYERS FL 33901 PST TRAVIS, DAVID A		1.2 NA 1.3 ST 1.4 CF 2.1 TH 	AME TREET A TLE AME TREET A	ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	1418 RICARDO AVENUE FORT MYERS FL 33901 PST TRAVIS, DAVID A 1418 RICARDO AVENUE	DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TV 	AME TREET A TIV-ST- TLE AME TREET A TREET A	ADDRESS	☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1418 RICARDO AVENUE FORT MYERS FL 33901 PST TRAVIS, DAVID A 1418 RICARDO AVENUE	DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TF -22 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA	AME TREET A TILE AME TREET A TILE TREET A TILE AME	ADDRESS	☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1418 RICARDO AVENUE FORT MYERS FL 33901 PST TRAVIS, DAVID A 1418 RICARDO AVENUE	DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TH 	AME TREET A TILE AME TREET A TILE TREET A TILE AME	ADDRESS ADDRESS	☐ Change ☐ Addition ☐ Change ☐ Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	1418 RICARDO AVENUE FORT MYERS FL 33901 PST TRAVIS, DAVID A 1418 RICARDO AVENUE	☐ DELETE	1.2 No. 1.3 ST 1.4 CF 2.1 TM 2.3 ST 2.4 CF 3.1 TM 3.2 No. 3.3 ST 3.4 CF 3.5 TM 3.5 TM 3.5 TM 3.5 TM 3.4 CF 3.5 TM	AME TREET A TILE AME TREET A TILE AME TREET A TILE AME TREET A TILE TREET A	ADDRESS ADDRESS	Change Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	1418 RICARDO AVENUE FORT MYERS FL 33901 PST TRAVIS, DAVID A 1418 RICARDO AVENUE FORT MYERS FL 33901	DELETE  DELETE	1.2 No. 1.3 ST 1.4 CF 2.1 TT 2.2 No. 2.3 ST 2.4 CF 3.1 TT 3.2 No. 3.3 ST 3.4 CF 4.1 TT 4.2 No. 4.3 ST 4.4 CF 5.1 TT 5.2 No. 5.3 ST 5.4 CF 6.1 TT 6.2 No.	AME TITY-ST- TILE  AME TITY-ST- TITLE  AME TITY-ST- TITLE  TITY-ST- TITLE  TITY-ST- TITLE  AME TITY-ST- TITLE  AME TITY-ST- TITLE  AME TITY-ST- TITLE  AME AME AME AME AME AME AME AME AME A	ADDRESSZIP  ADDRESSZIP  ADDRESSZIP  ADDRESSZIP  ADDRESSZIP	Change Addition  Change Addition  Change Addition  Change Addition

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 607. 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: