

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).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 744056

Corporation Name

CITIZENS FOR THE OLD LUTZ SCHOOL BUILDING, INC.

Principal Place of Business

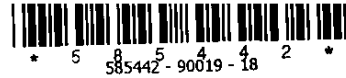
18819 U.S. HIGHWAY NO. 41
LUTZ FL 33549
US

Mailing Address

202 W. LUTZ LAKE FERN ROAD
LUTZ FL 33549

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90019 018 ****61.25



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/25/1978	
City & State		27 City & State		4. FEI Number	
Zip		28 Zip		59-2945889	
Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HOEDT, PHYLLIS J.
202 W. LUTZ LAKE FERN ROAD
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Pittman, Elaine
NAME	HOEDT, WILLIAM	1.2 NAME	105 2nd Avenue S.E.
STREET ADDRESS	202 W LUTZ LAKE FERN RD	1.3 STREET ADDRESS	Lutz, FL 33549
CITY-ST-ZIP	LUTZ, FLORIDA 00000	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	S
NAME	HOEDT, PHYLLIS J.	2.2 NAME	Jones, Janet
STREET ADDRESS	202 W LUTZ LAKE FERN RD	2.3 STREET ADDRESS	606 Krazy Lane
CITY-ST-ZIP	LUTZ, FLORIDA 00000	2.4 CITY-ST-ZIP	Lutz, FL 33549
TITLE	D	3.1 TITLE	D
NAME	MARROW, SANDRA A.	3.2 NAME	Nevel, Beth
STREET ADDRESS	19107-1ST STREET, N.E.	3.3 STREET ADDRESS	18602 San Rio Circle
CITY-ST-ZIP	LUTZ, FLORIDA 00000	3.4 CITY-ST-ZIP	Lutz, FL 33549
TITLE	D	4.1 TITLE	
NAME	BUCKINGHAM, AURALEE	4.2 NAME	
STREET ADDRESS	19216 BLOUNT ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	NEVEL, BEN	5.2 NAME	
STREET ADDRESS	18602 SAN RIO CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	TOWNSEND, GAYE	6.2 NAME	
STREET ADDRESS	19905 LONG LEAF DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	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:

Phyllis J. Hoedt

7-1-99

813-949-1937

Date

Daytime Phone #

CR2E037 (5/99)