

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 700584

1. Corporation Name

ANNA MARIA ISLAND COMMUNITY CENTER, INC.

Principal Place of Business

407 MAGNOLIA AVENUE
PO BOX 253
ANNA MARIA FL 34216-0253

Mailing Address

P.O. BOX 253
ANNA MARIA FL 34216



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

03/07/1960

4. FEI Number 59-6166231

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

PRICE, KENNETH A JR
219 85TH ST
HOLMES BEACH FL 34217

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)

4/23/99

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME PRICE, KENNETH A JR
STREET ADDRESS 219 85TH ST
CITY-STATE-ZIP HOLMES BEACH FL 34217

☐ DELETE

TITLE VCD
NAME BOBO, J. ALLEN
STREET ADDRESS 630 EMERALD LANE
CITY-STATE-ZIP HOLMES BCH. FL 34217

☐ DELETE

TITLE TD
NAME LOKEN, LINDA
STREET ADDRESS 320 TARPON
CITY-STATE-ZIP ANNA MARIA FL 34216

☒ DELETE

TITLE SD
NAME SHOOK, YVONNE
STREET ADDRESS 515 KUMQUAT DR.
CITY-STATE-ZIP ANNA MARIA FL 34216

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED STEWART MOON 4/23/99 941-778-0723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0066485