2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0083580

DOCUMENT # 703266

FILED
03 FEB 26 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

~~COMMUNITY CIVIC ORGANIZATION INCORPORATED~~
Thonotosassa, Seffner, Mango Civic Association, A Incorporated

Principal Place of Business	Mailing Address
C/O PAULINE L GRANT PO BOX 181 THONOTOSASSA FL 33592	C/O PAULINE L GRANT PO BOX 181 THONOTOSASSA FL 33592

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
11716 Williams Road Suite, Apt. #, etc.	P.O. Box 1070 Suite, Apt. #, etc.
City & State: Thonotosassa FL	City & State: Thonotosassa FL
Zip: 33592 Country: Hillsborough	Zip: 33592 Country: Hillsborough

4. FEI Number 59-3618786 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRANT, PAULINE L 9609 JOE EBERT ROAD. SEFFNER FL 33584	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRANT, PAULINE 9609 JOE EBERT ROAD SEFFNER FL 33584	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600013163756 02/27/03--01046--004 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SUTTON, ANNIE E 11416 PRUITT ROAD SEFFNER FL 33584	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RCD BUCHANAN, GRACIE 9351 FOWLER AVENUE THONOTOSASSA FL 33592	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RCD HARRIS, ETHEL 9812 ROCKHILL ROAD THONOTOSASSA, FL 33592	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BROWN, PAULETTE 9528 JOE EBERT ROAD SEFFNER FL 33584	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LITTLE, CARL 6619 STARK ROAD Seffner, FL 33584	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANDERSON, CHARLOTTE I 11724 HIGHVIEW ROAD SEFFNER FL 33584	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pauline L Grant President 2/18/03 813-986-3300