

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 709532 (6)

95 JUN 13 AM 10:13

1. Corporation Name
ST. LAWRENCE BENEVOLENT AND EDUCATIONAL ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
L ASSOCIATION, INC.
3410 W. HILLSBOROUGH AVE.
TAMPA FL 33614

3. Date Incorporated or Qualified 08/31/1965
3a. Date of Last Report 07/06/1994

4. FEI Number 59-6046493
Applied For Not Applicable

2. Principal Place of Business
21 5225 N. HIMES AV
Suite, Apt. #, etc.
22
City & State TAMPA FL
Zip 33614 Country Hillsborough
25 Hillsborough

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HIGGINS, LAWRENCE E.
3410 W. HILLSBOROUGH AVE.
TAMPA FL 33614

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P O	1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, LAWRENCE	1 2 NAME	
STREET ADDRESS	3410 W. HILLSBOROUGH AVE	1 3 STREET ADDRESS	5225 N. HIMES AV
CITY - ST - ZIP	TAMPA FL	1 4 CITY - ST - ZIP	TAMPA, FL 33614
TITLE	V	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELENDI, JOSEPH E.	2 2 NAME	
STREET ADDRESS	315 N. FLORIDA AVENUE	2 3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2 4 CITY - ST - ZIP	
TITLE	S	3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, POLAIRE D.	3 2 NAME	
STREET ADDRESS	3410 W. HILLSBOROUGH AVE	3 3 STREET ADDRESS	5225 N. HIMES AV
CITY - ST - ZIP	TAMPA FL	3 4 CITY - ST - ZIP	TAMPA, FL 33614
TITLE	D	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORIO, ROBERTNCE	4 2 NAME	
STREET ADDRESS	8000 SHELDON ROAD	4 3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4 4 CITY - ST - ZIP	
TITLE	D	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, PARKE	5 2 NAME	
STREET ADDRESS	512 N. FLORIDA AVENUE	5 3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	5 4 CITY - ST - ZIP	
TITLE	D	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOHUE, MARK K.	6 2 NAME	
STREET ADDRESS	13512 AVISTA DR.	6 3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: Polaire Murray 6/7/95 (813) 875-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR