

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 **L**



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

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90050 046 ****61.25
08-13-1999 90012 047 ****61.25

DOCUMENT # **709616**

1. Corporation Name

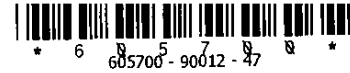
ORANGE BLOSSOM COSMETOLOGIST'S ASSOCIATION, INCORPORATED

Principal Place of Business

3222 N. 34TH STREET
TAMPA FL 33605

Mailing Address

P.O. BOX 76104
TAMPA FL 33605
US



| | | | | | |
|---|---------------------|--|---|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 09/20/1965 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 23-7310213 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | Trust Fund Contribution | |
| 24 | | 29 | | 30 | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| MARSHALL, DOROTHY T. 413 CENTRAL AVE. SARASOTA FL 33577 | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | |
| | | | | 84 City | |
| | | | | 85 Zip Code | |
| | | | | FL | |
| 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 <i>Nancy J. Knight, President</i> | | | | DATE 8-10-99 | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | Pres. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BASSEY, RUBY LOUISE | | 1.2 NAME | Nancy J. Knight | |
| STREET ADDRESS | 377 COLEMAN PLACE | | 1.3 STREET ADDRESS | 1777-18th Street - Apt. 115 | |
| CITY-ST-ZIP | ORLANDO FL | | 1.4 CITY-ST-ZIP | SARASOTA, FL | |
| TITLE | D | <input type="checkbox"/> DELETE | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREEN, EVE | | 2.2 NAME | | |
| STREET ADDRESS | 463 N. PLEASANT ST. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DAYTONA BEACH FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | Dorothy Graham | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KNIGHT, NANCY | | 3.2 NAME | 3517-10th Street | |
| STREET ADDRESS | 1768-35TH STREET | | 3.3 STREET ADDRESS | Tampa, FL 33605 | |
| CITY-ST-ZIP | SARASOTA FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MONTGOMERY, THELMA | | 4.2 NAME | | |
| STREET ADDRESS | 912 GOLDYN AVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: *Nancy J. Knight, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-99
Date

Daytime Phone #

CR2E037 (5/99)

0011640