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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 716253 (0)

1. Corporation Name

EQUAL OPPORTUNITY ASSISTANCE CORP.



Principal Place of Business

Mailing Address

1635 BEACH DR. S.E.
 ST. PETERSBURG FL 33701

1635 BEACH DR. S.E.
 ST. PETERSBURG FL 33701-5915

3. Date Incorporated or Qualified
03/21/1969

3a. Date of Last Report
06/19/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3138758

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EASTBURN, IDA LOUISE
1635 BEACH DR. S.E.
TAMPA FL 33701

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPST DELETE
 NAME EASTBURN, IDA LOUISE
 STREET ADDRESS 1635 BEACH DR. S.E.
 CITY-ST-ZIP ST. PETERSBURG FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE VD DELETE
 NAME EASTBURN, CARMELITA
 STREET ADDRESS 1619 BEACH DR. S.E.
 CITY-ST-ZIP ST. PETERSBURG FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE VD DELETE
 NAME MARSHALL, JAMES D.
 STREET ADDRESS 2101 NASSAU ST.
 CITY-ST-ZIP TAMPA FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE P DELETE
 NAME EASTBURN, IDA LOUISE
 STREET ADDRESS 1635 BEACH DR. S.E.
 CITY-ST-ZIP ST. PETERSBURG FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME **DAVID EASTBURN**
 STREET ADDRESS **1635 BEACH DR. S.E.**
 CITY-ST-ZIP **ST. PETERSBURG FLA 33701**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Sandra B. Mortham 4/29/97

CR2E037 (9/96)