FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

(5)

OF ST. PETERSBURG, FLORIDA										
Principal Place of Business		Malling Address				- 1 190(1) 18619 MAIS (191) 18611 6010 1914 91511 616(1 BIEL) 91911 61911 616(1 1981				
\$200 - 29TH AVENUE ST PEYERSBURG FL		5200 - 29TH AVENUE NORTH ST PETERSBURG FL 33710				3. Date Incorporated or Qualified 02/17/1972				
						4. FEI Number Applied For Not Applied by Not Applied For Not A				
2. Principal Place of Business 21		2e. Mailing Address 26				5. Certificate of Status Desired S8.75 Additional Fee Required				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
City & State		City & State				7. Is this nonprofit corporation a homeowners association? Yes MYNO				
Zip 24	Country 26	Z ip	30	ntry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
9.	Name and Address of Cu	irrent Registered Agent				10. Name and Address of New Registered Agent				
				81	Name	·				
PINKSTON, JOAN C. 5200 - 29TH AVENUE NORTH				82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
ST PETERSBURG FL 33710				83						
				84	City	FL 85 Zip Code				
11. Pursuant to the office or registe	provisions of Sections 617	.0502 and 617.1508, Florida	Statutes, the at	oove	named corp	oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered				

tered 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 appl			required when reinstating)	DATE	0.01.40
12.	OFFICERS AND DIRECTOR	Table 10 10 10 10 10 10 10 10 10 10 10 10 10	13.	ADDITIONS/CHANGES TO OFF		
TITLE	1	A DELETE	1.1 TITLE	[T	Change	Addition
HAME	MATOS, CARMEN		1.2 NAME	EDWARDS, LAURIE		
STREET ADDRESS	5997-38TH AVE, N		1.3 STREET ADDRESS	545=29TH AVE. N.		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY - ST - ZIP	ST. PETERSBURG FL	33704	
TITLE	8	DELETE	2.1 TITLE		Change	Addition
NAME	HIPPS, TERRY		2.2 NAME			
STREET ADDRESS	6157 DARTMOUTH AVENUE NORTH		2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP			
TITLE	TR	☐ DELETE	3.1 TITLE		Change	Addition
NAME	MCGEE, MARK		32 NAME			
STREET ADDRESS	P.O. BOX 21547 NA		3.3 STREET ADORESS			
CITY-ST-ZIP	ST. PETERSBURG FL		3.4. City-St-ZIP			
TITLE	VP	EX DELETE	4.1 TITLE	UP	Change	Addition
NAME	PARKER, JOHN		4. 2 NAME	FRANCIS, BARBARA		
STREET ADDRESS	215 OSCEOLA ROAD		4.3 STREET ADDRESS	12991-114TH AVE, N		
CITY-ST-ZIP	BELLEAIR FL		4.4 CITY - ST - ZIP	LARGO, FL 33774		
TITLE	TR	DELETE	5.1 TITLE	TR	☐ Change	Addition
NAME	SHOEMAKER, MARJORIE		5.2 NAME	TR MARKS, PEGGIE 4628 CVPRESS WAY S	ı	
STREET ADDRESS	7403 46TH AVENUE NORTH #311		5.3 STREET ADDRESS	OT DETERORUSO FI	22705	
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP	ST. PETERSBURG, FL		
TITLE	TR	DELETE	6.1 TITLE		Change	☐ Addition
NAME	BOLINGER, TERI		6.2 NAME			
STREET ADDRESS	8206 60TH ST CIRCLE E #1201		6.3 STREET ADDRESS			
	CADACOTA EI		0.4.0004 OT THE	1		

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.

CTERRY HIPPS, SECRETARY

(813) 323-5278

FILED

Apr 28 1998 8:00am

Secretary of State