

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 28 AM 8:56

DOCUMENT # 749338 (0)

1. Corporation Name

LUPUS FOUNDATION OF AMERICA, INC. - TAMPA AREA C
CHAPTER

Principal Place of Business

Mailing Address

603 GUNN HWY
WESTWOOD PLAZA
TAMPA FL 33624
US

603 GUNN HWY
WESTWOOD PLAZA
TAMPA FL 33624
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1979

3a. Date of Last Report

04/22/1994

4. FEI Number

59-2019156

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

4119-20A Gunn Hwy

Suite, Apt. #, etc.

4119-20A Gunn Hwy

City & State

City & State

Zip

Country

Zip

Country

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

FILING FEE IS
\$61.25

8. This corporation has liability for interstate tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LISA JORDA AKA ELIZABETH J JORDA
603 N STERLING AVE
TAMPA FL 33609

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

FL

65 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,
to be changed to 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

Elizabeth J. Jorda

(NOTE: Registered Agent signature required when reappointing)

DATE

6/22/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE RSD
NAME CANOSA, ANDREE
STREET ADDRESS 10309 1/2 NEWPORT CIR
CITY - ST - ZIP TAMPA FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change Addition

TITLE PD
NAME JORDA, LISA (ELIZABETH)
STREET ADDRESS 603 N STERLING AVE
CITY - ST - ZIP TAMPA FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change Addition

TITLE VD
NAME LAWHORN, NORMAN
STREET ADDRESS 5110 LETITIA CT
CITY - ST - ZIP TAMPA FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change Addition

TITLE TD
NAME HUTCHINGS, SARAH
STREET ADDRESS 3709 DEVONSHIRE DRIVE
CITY - ST - ZIP HOLIDAY FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition

TITLE ~~FSD~~
NAME HUTCHINGS, DIANNE
STREET ADDRESS 15307 WINTERWIND DRIVE
CITY - ST - ZIP TAMPA FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

TITLE FSD
NAME TERESA FARVER
STREET ADDRESS 12407 KIWI AVE
CITY - ST - ZIP TAMPA, FL 33625

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

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 110.07(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:

Elizabeth J. Jorda AKA Lisa Jorda

6/23/95

813-877-3628

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Telephone Prefix #