

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 749338 (0)

1. Corporation Name

LUPUS FOUNDATION OF AMERICA, INC. X TAMPA AREA  
CHAPTER



Principal Place of Business

Mailing Address

4119-20A GUNN HWY  
WESTWOOD PLAZA  
TAMPA FL 33624  
US

DIBB'S PLAZA

4119-20A GUNN HWY  
WESTWOOD PLAZA  
TAMPA FL 33624  
US

DIBB'S PLAZA

3. Date Incorporated or Qualified  
10/16/1979

3a. Date of Last Report  
06/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2019156

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

25

29

30

8. This corporation has liability for intangible 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

81 Name

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

400001862604  
-06/14/96--01077--036

83

84 City

\*\*\*\$1.25

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

TITLE	RSD	<input checked="" type="checkbox"/> DELETE
NAME	CANOSA, ANDREE	
STREET ADDRESS	10309 1/2 NEWPORT CIR	
CITY - ST - ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JORDA, LISA (ELIZABETH)	
STREET ADDRESS	603 N STERLING AVE	
CITY - ST - ZIP	TAMPA FL 33609	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LAWHORN, NORMAN	
STREET ADDRESS	5110 LETITIA CT	
CITY - ST - ZIP	TAMPA FL 33615	
TITLE	FSD	<input type="checkbox"/> DELETE
NAME	FARVER, TERESA	
STREET ADDRESS	12407 KIWI AVE	
CITY - ST - ZIP	TAMPA FL 33624	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HUTCHINGS, DIANNE	
STREET ADDRESS	15307 WINTERWIND DRIVE	
CITY - ST - ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	(CSD) CORRESPONDING SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CUSTIS, RHONDA	
1.3 STREET ADDRESS	121 EUCLID LOOP	
1.4 CITY - ST - ZIP	SEFNER, FL 33584	
2.1 TITLE	VICE PRESIDENT (VPD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LAWHORN, NORMAN	
2.3 STREET ADDRESS	6010 AMBASSADOR DR	
2.4 CITY - ST - ZIP	TAMPA, FL 33615	
3.1 TITLE	RECORDING SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FARVER, TERESA	
3.3 STREET ADDRESS	12407 KIWI AVE	
3.4 CITY - ST - ZIP	TAMPA, FL 33624	
4.1 TITLE	(RSD)	
4.2 NAME	Same	
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	VICE PRESIDENT (VPD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HLADKY, ROSELLA	
6.3 STREET ADDRESS	9114 TUDOR DR. L-107	
6.4 CITY - ST - ZIP	TAMPA, FL 33615	

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)(k), 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 ELIZABETH J. JORDA 4/26/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-877-3628

UNFEUS/ (12/95)