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FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 749338 (0)

1. Corporation Name

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

Principal Place of Business

Mailing Address

4119-20A GUNN HWY  
DIBBS PLAZA  
TAMPA FL 33624  
US4119-20A GUNN HWY  
DIBBS PLAZA  
TAMPA FL 33624  
US3. Date Incorporated or Qualified  
10/16/19793a. Date of Last Report  
06/13/1996

4. FEI Number

59-2019156

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 S/D  
NAME CUSTIS, RHONDA  
STREET ADDRESS 121 EUCLID LOOP  
CITY-ST-ZIP SEFNER FL 33584 ☐ DELETE1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE PD  
NAME JORDA, LISA (ELIZABETH)  
STREET ADDRESS 603 N STERLING AVE  
CITY-ST-ZIP TAMPA FL 33609 ☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE VPD  
NAME LAWHORN, NORMAN  
STREET ADDRESS 6010 AMBASSADORE DR.  
CITY-ST-ZIP TAMPA FL 33615 ☐ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE S/D  
NAME FARVER, TERESA  
STREET ADDRESS 12407 KIM AVE  
CITY-ST-ZIP TAMPA FL 33624 ☐ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE TD  
NAME HUTCHINGS, DIANNE  
STREET ADDRESS 15307 WINTERWIND DRIVE  
CITY-ST-ZIP TAMPA FL 33624 ☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE VPD  
NAME HLADKY, ROSELLA  
STREET ADDRESS 9114 TUDOR DR., L-107  
CITY-ST-ZIP TAMPA FL 33615 ☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Signature and typed or printed name of signing officer or director

2/3/97

(813)

877-3628

CR2E037 (9/96)