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Jul 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 749338 (0)</b>		
1. Corporation Name <b>LUPUS FOUNDATION OF AMERICA, INC. - TAMPA AREA CHAPTER</b>		



Principal Place of Business <b>4119-20A GUNN HWY DIBBS PLAZA TAMPA FL 33624 US</b>		Mailing Address <b>4119-20A GUNN HWY DIBBS PLAZA TAMPA FL 33624 US</b>	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Country	29 Zip	30 Country

3. Date Incorporated or Qualified <b>10/16/1979</b>	
4. FEI Number <b>59-2019156</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. Name and Address of Current Registered Agent <b>LISA JORDA AKA ELIZABETH J JORDA 803 N STERLING AVE TAMPA FL 33609</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>80 PRESIDENT</b> <input type="checkbox"/> DELETE
NAME	<b>CUSTIS, RHONDA</b>
STREET ADDRESS	<b>121 EUCLID LOOP</b>
CITY-ST-ZIP	<b>SEFNER FL 33584</b>
TITLE	<b>80 EXECUTIVE DIRECTOR</b> <input type="checkbox"/> DELETE
NAME	<b>JORDA, LISA (ELIZABETH)</b>
STREET ADDRESS	<b>803 N STERLING AVE</b>
CITY-ST-ZIP	<b>TAMPA FL 33609</b>
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE
NAME	<b>LAWHORN, NORMAN</b>
STREET ADDRESS	<b>6010 AMBASSADORE DR.</b>
CITY-ST-ZIP	<b>TAMPA FL 33615</b>
TITLE	<b>S/D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>FARVER, TERESA</b>
STREET ADDRESS	<b>12407 KIWI AVE</b>
CITY-ST-ZIP	<b>TAMPA FL 33624</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>HUTCHINGS, DIANNE</b>
STREET ADDRESS	<b>15307 WINTERWIND DRIVE</b>
CITY-ST-ZIP	<b>TAMPA FL 33624</b>
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE
NAME	<b>HLADKY, ROSELLA</b>
STREET ADDRESS	<b>9114 TUDOR DR., L-107</b>
CITY-ST-ZIP	<b>TAMPA FL 33615</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>TO</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>EXECUTIVE DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>TO</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>RECORDING SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>GLORIA Holmes</b>
4.3 STREET ADDRESS	<b>P.O. Box 8430</b>
4.4 CITY-ST-ZIP	<b>TAMPA, FL 33674</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE: *Elizabeth J. Jorda* (Lisa) 6/10/98 (813) 877-3628

CR2E037 (10/97)