


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90122 043 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 749338</b>					
1. Corporation Name <b>LUPUS FOUNDATION OF AMERICA, INC. - TAMPA AREA CHAPTER</b>					
Principal Place of Business 4119-20A GUNN HWY DIBBS PLAZA TAMPA FL 33624 US			Mailing Address 4119-20A GUNN HWY DIBBS PLAZA TAMPA FL 33624 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/16/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2019156	
22		27		Applied For Not Applicable	
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Zip	29	Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25	Country	30	Country	Trust Fund Contribution	

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)		
				83			
				84	City	85	Zip Code

FL

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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CUSTIS, RHONDA			1.2 NAME			
STREET ADDRESS	121 EUCLID LOOP			1.3 STREET ADDRESS			
CITY-ST-ZIP	SEFNER FL 33584			1.4 CITY-ST-ZIP			
TITLE	ED	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JORDA, LISA (ELIZABETH)			2.2 NAME			
STREET ADDRESS	603 N STERLING AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33609			2.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAWHORN, NORMAN			3.2 NAME			
STREET ADDRESS	6010 AMBASSADORE DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33615			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLMES, GLORIA			4.2 NAME			
STREET ADDRESS	P O BOX 8430 N/A			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33674			4.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUTCHINGS, DIANNE			5.2 NAME			
STREET ADDRESS	15307 WINTERWIND DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33624			5.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HLADKY, ROSELLA			6.2 NAME			
STREET ADDRESS	9114 TUDOR DR., L-107			6.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33615			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, with all other like empowered.

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/99

813/877-3628

CR2E037 (1/1/98)