

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 # 754547 (8)

1. Corporation Name

PRIDE IN ACTION, INC.

Principal Place of Business

Mailing Address

109 E. HOWARD STREET
P.O. BOX 818
LIVE OAK FL 32060

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P.O. BOX 818
LIVE OAK FL 32060



3. Date Incorporated or Qualified

10/08/1980

3a. Date of Last Report

04/18/1995

4. FEI Number

59-2037306

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEIBFRIED, KEITH C
804 S OHIO AVE
LIVE OAK FL 32060

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 PD ☐ DELETE

NAME HARVARD, LEE
STREET ADDRESS 109 E. HOWARD
CITY-STATE-ZIP LIVE OAK FL

TITLE VD ☐ DELETE

NAME CRAPPS, DANIEL
STREET ADDRESS 120 E. HOWARD
CITY-STATE-ZIP LIVE OAK FL

TITLE SD ☐ DELETE

NAME CALVITT, DICK
STREET ADDRESS RIXFORD ROAD
CITY-STATE-ZIP LIVE OAK FL

TITLE TD ☐ DELETE

NAME LEIBFRIED, KEITH
STREET ADDRESS 326 WESTMORELAND
CITY-STATE-ZIP LIVE OAK FL

TITLE D ☐ DELETE

NAME HARRELL, MIKE
STREET ADDRESS 111 E. HOWARD
CITY-STATE-ZIP LIVE OAK FL

TITLE D ☐ DELETE

NAME CRAPPS, JAMES
STREET ADDRESS 11TH STREET
CITY-STATE-ZIP LIVE OAK FL

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

(904) 362-3433

Date

Daytime Phone #

CR2E037 (12/95)