## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

PRIDE IN ACTION, INC.

Apr 23 1998 8:0	0am						
Secretary of St	ate						

EII ED

Principal Plac	e of Business	Mailing Address			I INDERF INDER DIVINGUAL DIVINGUAL DE DIS IND	I BIETE GEBIT BIBIT BERIT BIBIT BIBIT 1881
109 E. HOWAR P.O. BOX 818 LIVE OAK FL 3		109 E. HOWARD P.O. BOX 818 LIVE OAK FL 320			Date Incorporated or Qualified 10/08/1980	
					4. FEI Number	Applied For
2. Principal P	lace of Business	2a. Mailing Addr	ess		59-2037306	Not Applicable   S8.75 Additional
21		26			5. Certificate of Status Desired	Fee Required
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27	•		Trust Fund Contribution	Added to Fees
City & Stat	e	City & State			7. Is this nonprofit corporation a hom	eowners association? Yes 🛛 No
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid	
24	25	29	30		Personal Property Tax due June 3	
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Regi	stered Agent
				81 Name		
	ED, KEITH C			82 Street Addr	ress (P.O. Box Number is Not Acceptable	)
1	ohio ave K Fl 32060			83		
LIVE OA	IN FL SZUOU					
				84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0	0502 and 617.1508, Floridate of Florida	da Statutes, the at	ove-named corp	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered
agent. La	im familiar with, and accept the ob	oligations of, Section 617.	0503, Florida Stat	ites.	noits board of directors. Thereby accept	the appointment as registered
SIGNATURE	Signature, typed or printed name of registered		Alore B	Agent signature requi		DATE
12.		AND DIRECTORS	13,	Agent signature requi	ADDITIONS/CHANGES TO OFFICE	·
TITLE	PD	□ DE		E T		☐ Change ☐ Addition
NAME	HARVARD, LEE		1.2 NA	ME		
STREET ADDRESS	109 E. HOWARD		1.3 ST	REET ADDRESS		
CITY - ST - ZIP	LIVE OAK FL			Y-ST-ZIP		
TITLE	VD DARRO DANGE	☐ D€		1		Change
NAME	CRAPPS, DANIEL 120 E. HOWARD		2.2 NA	1		
STREET ADDRESS	LIVE OAK FL			REET ADDRESS TY-ST-ZIP		
CITY-ST-ZIP TITLE	SO					☐ Change ☐ Addition
NAME	CALVITT, DICK	_	3.2 NA	1		
STREET ADDRESS	RIXFORD ROAD		3.3 ST	REET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL		3.4. C	TY-ST-ZIP		
TITLE	TD	<u> </u>	ELETE 4.1 T(1	LE		Change
NAME	LEIBFRIED, KEITH		4. 2 N	1		
STREET ADDRESS	326 WESTMORELAND		E .	REET ADDRESS		
CITY - ST - ZIP TITLE	LIVE OAK FL D	☐ DE		Y-ST-ZIP		☐ Change ☐ Addition
NAME	HARRELL, MIKE	<u></u>	5.2 NA	I .		
STREET ADDRESS						•
	111 E. HOWARD		5.3 ST	REET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL			REET ADDRESS Y-ST-ZIP		
CITY-ST-ZIP TITLE	LIVE OAK FL D	□ DE	5.4 CI	Y-ST-ZIP		☐ Change ☐ Addition
	LIVE OAK FL	□ D£	5.4 CI	Y-ST-ZIP LE		☐ Change ☐ Addition

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:

keith C. Leibfried

4/13/98

(904) 362-3433