NONPROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 755607**

1. Corporation Name

NORTH TAMPA LIFE ENRICHMENT CENTER FOR SENIOR CITIZENS, INC.

## FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90123 012 \*\*\*\*61.25

TIZENS,	, INC.					1					
Principal Plac	ce of Business	Mailing Address									
9704 NORTH BOULEVARD		9704 NORTH BOULEVARD					I <b>dea</b> l <b>a</b> hlah <b>e</b> bha ahri eb	HI MALI ARADI ER	DI ANI AND A	CII ALBAY (AA)	
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2. Principal F	lace of Business	2a. Mailing Address	\$				porated or Qualifed	j			]
21		26			12/19/1980					1	
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.			4. FEI Numb				plied For	Į
2		27	Ch. S Charles			59-2108	120			t Applicable	┨
City & Star	te	City & State				5. Certifcate	of Status Desired		Fee Re		
Zip Country		Zip				6. Election C	ampaign Financing		\$5.00	May Be	}
24	25	29	30				1 Contribution	<u></u> []	Added		]
	9. Name and Address of Current					t0. Name an	d Address of New	Registered	Agent		1
				[81]	Name						1
COOK, R	EBA F			82	Street Ac	ddress (P.O. Box Nu	mber is Not Accept	table)	• .		1
8203 BRC	OWARD PLACE			-							ł
TAMPA F	L 33637-7901			83							
				84	City	·· · · · · · · · · · · · · · · · · · ·		FI	B5 Zip (	Code	İ
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11. Pursuant office of	to the provisions of Sections 617.0502 registered agent, or both, in the State of	and 617.1508, Florida f Florida. Such change	Statutes, the	e above zed by t	named co	orporation submits the ation's board of direct	nia statement for the ctors. I hereby acce	purpose of opt the appo	intment as re	gistered	
	to the provisions of Sections 617.0502 registered agent, or both, in the State or am familiar with, and accept the obligation	and 617.1508, Florida f Florida. Such change operof, Section 617.050	Statutes, the was authoriz 3, Florida St	e above zed by t tatutes.	named co	erporation submits the stion's board of direct	nis statement for the ctors. I hereby acce	purpose of opt the appo	intment as re	gisfered	
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	The love 7'	and title if applicable.  DIRECTORS	(NOTE: Register			julned when reinstating)	nis statement for the ctors. I hereby acce	DATE	NO DIRECTO	RS IN 12	1/98)
SIGNATURE	Signature, typid or printed name of repeatered agent	and title if applicable.	(NOTE: Register	ared Agent		julned when reinstating)		DATE	1497		(11/98)
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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.

CICALATUDE

KSUDAYATURE BEOLURESA F. COOK

1-7-99 (1/3) 932-0241