FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 761493

(6)

FRUITLAND HEIGHTS NEIGHBORHOOD ASSOCIATION, INCO

HPOR/	ATED				PARIN MAN AND MAN AND AND A	al op len i e	IN ANALI ANA	ii bigii galii iggi
Principal Place of Business Mailing Address								
	AVENUE SOUTH	1663 20TH AVE. S. 1837 - 20TH AVENUE						
SI. PEIERS	BURG FL 33712	ST. PETERSBURG FL	33712		3. Date incorporated or Qualified	3a D:	ale of Las	t Report
					01/18/1982	ŀ	03/06/1	
	Place of Business	2a. Mailing Address			4. FEI Number	l	00,00,	Applied For
21 Suito Ant	# ata	26			NOT APPLICABLE			Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & Stat	te	City & State		6. Election Campaign Financing	ncina \$5.00 May Ba			
Zip Country		28		·	Trust Fund Contribution Added to Fe			
24	25	Ζφ 29	Coun	try	8. This corporation has liability for			199.032,
	9. Name and Address of Curre		30			Yes 🗌		
				B1 Name	10. Name and Address of New F	legistered i	Agent	
HARREI	LL, MARJORIE							
	OTH AVE. S.		1	Street A	ddress (P.O. Box Number is Not Acceptat	ile)		
	ERSBURG FL 33712		Te le	33			,	
				34 City		FL		p Code
 Pursuant or register familiar wi 	to the provisions of Sections 617.050, ared agent, or both, in the State of Flor with, and accept the obligations of, Sec	2 and 617.1508, Florida Statut ida. Such change was authoriz tion 617.0503, Florida Statutes	es, the above	e-named corp erporation's be	poration submits this statement for the pur loard of directors. I hereby accept the app		nging its r registered	registered office agent. I am
SIGNATURE	Signature, typed or printed name of registured agen			and send the con-	areas where reinstating			
12.		ID DIRECTORS	13.	gent signature requ	ADDITIONS/CHANGES TO OFF	DATE ICICIOS ANO	DIDECTO	300 10 10
TITLE	PD	DELETE	1.1 T(TL)	E	A LAW TO THE STANGED TO OFF		Change	Addition
NAME	MACK, JOHNNIE B.		1.2 NAM	IE .		L	_ onlinge	
STREET ADDRESS	1837 - 20TH AVENUE SOUTH	1	13 STRE	ET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 C/TY	-ST-ZIP				
THILE	l vo	DELETE	21 TITLE				Change	☐ Addition
NAME	HARRELL, MAJORIE		2.2 NAM	E				
STREET ADDRESS	1663 20TH AVENUE SOUTH		23 STRE	ET ADDRESS				
CITY-ST-ZIP TITLE	ST. PETERSBURG FL			'- ST-2IP				
NAME	TD DODGE THE	DELETE	3 1 TITLE			Ĺ] Change	☐ Addition
STREET ADDRESS	PITT, DOROTHY		3.2 NAM.					
CITY-ST-ZIP	1920 19TH STREET SOUTH			ET ADDRESS				
TITLE	ST. PETERSBURG FL SD	DELETE	3.4 CITY					
NAME	JONES, EMMA L.		4.1 TITLE			Ĺ] Change	☐ Addition
STREET ADDRESS	1909 19TH STREET SOUTH		4 2 NAM	ET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL							
TITLE	D	DELETE	4.4 CHTY				1 Chanca	FT Addition
NAME	FALANA, CLINTON C.	_	5.2 NAME			L] Change	Addition
STREET ADDRESS	1675 22ND AVENUE SOU TH			ET ADORESS				
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-	ľ				
TITLE		DELETE	6 1 TITLE			— г	Change	Addition
NAME			6 2 NAME					
STREET ADDRESS			6 3 STREE	T ADDRESS				
CITY - ST - ZIP			6 4 CITY -	ST-ZIP				
certify that	y certify that the information supplied vill the information indicated on this annu-	vith this filing is voluntarily furni	shed and do	es not qualify	for the exemption stated in Section 119.0	7(3)(k), Flori	da Statute	es. I further
oath; that I	am an officer or director of the cornor	ration or the receiver or truetoe	restroit is the	ue and accur to execute th	for the exemption stated in Section 119.0 rate and that my signature shall have the s his report as required by Chapter 617, Flo	ame legal e rida Statutes	ffect as if	made under
appears in	Block 12 or Block 13 if changed, or o	or an attachment with an addre	JJ.J.					
SIGNAT	URE: (lokame)	B mack	- Anh	NILLO B	Mack 4-28-96	(013	1891	5.755m
· + •		PRINTED NAME OF SIGNING OFFICE	OR DIRECTOR	CANAGE A.	Date		ime Phone #	700/