

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 12 1996 8:00 am
Secretary of State

DOCUMENT # **770692** (2)

1. Corporation Name

SOCIAL AWARENESS FOR EVERYONE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 26333
TAMPA FL 33623-6333

P.O. BOX 26333
TAMPA FL 33623-6333



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/11/1983		3a. Date of Last Report 02/03/1995	
21		26		4. FEI Number 59-3107045		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
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

**KENNEDY, JAMES R., JR.
856 SECOND AVE., NORTH
ST. PETERSBURG FL 33701**

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	1.1 TITLE	
NAME	LAWRENCE, HENRY	1.2 NAME	
STREET ADDRESS	401 17TH STREET WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	1.4 CITY-ST-ZIP	
TITLE	VSA	2.1 TITLE	
NAME	JONES, BETTY D	2.2 NAME	
STREET ADDRESS	317 ORANGE VALLEY LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	SMITH, ROBERT E., JR.	3.2 NAME	
STREET ADDRESS	1701 4TH AVE., WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	ISOM, BERNICE	4.2 NAME	
STREET ADDRESS	1813 3RD AVENUE WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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

Betty D. Jones 8/2/96 813 262 0077
Betty D. Jones

Date

Daytime Phone #

CR2E037 (3/96)