

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **770809** (2)

1. Corporation Name

ALLEGANY COMMUNITY OUT REACH GRANT FUND, INC.

Principal Place of Business

Mailing Address

**6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 100
TAMPA FL 33607****6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 100
TAMPA FL 33607**3. Date Incorporated or Qualified
10/14/19833a. Date of Last Report
04/05/1996

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

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SULLIVAN, SR. MARIE C
6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 100
TAMPA FL N3607**81 Name **HOWARD WATTS**

82 Street Address (P.O. Box Number is Not Acceptable)

**6200 COURTNEY CAMPBELL CSWY
SUITE 100**

84 City

TAMPA

FL

85 Zip Code
33607

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, 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	P <input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, SR. MARIE C
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #100
CITY-ST-ZIP	TAMPA FL 33607

TITLE	T <input type="checkbox"/> DELETE
NAME	DOOLEY, MICHAEL
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #100
CITY-ST-ZIP	TAMPA FL 33607

TITLE	SD <input type="checkbox"/> DELETE
NAME	MCCONNELL, JANE
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #100
CITY-ST-ZIP	TAMPA FL 33607

TITLE	D <input type="checkbox"/> DELETE
NAME	HEBERT, SUZANNE
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #100
CITY-ST-ZIP	TAMPA FL 33607

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	TRAU, JANE M DR
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, STE 100
CITY-ST-ZIP	TAMPA FL 33607

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HOWARD WATTS
1.3 STREET ADDRESS	6200 COURTNEY CAMPBELL CSWY #100
1.4 CITY-ST-ZIP	TAMPA, FLORIDA 33607

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DEBBIE COAKLEY
5.3 STREET ADDRESS	6200 COURTNEY CAMPBELL CSWY #100
5.4 CITY-ST-ZIP	TAMPA, FLORIDA 33607

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800002152678
6.3 STREET ADDRESS	-04/23/97--01100--031
6.4 CITY-ST-ZIP	***306 25

14. I do 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:

Michael Dooley

4/9/97

813-281-9098

CR2E037 (9/96)