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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1998



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

DOCUMENT # 770809 (2)
 1. Corporation Name
ALLEGANY COMMUNITY OUT REACH GRANT FUND, INC.

Principal Place of Business
 6200 COURTNEY CAMPBELL CAUSEWAY
 SUITE 100
 TAMPA FL 33607

Mailing Address
 6200 COURTNEY CAMPBELL CAUSEWAY
 SUITE 100
 TAMPA FL 33607

3. Date Incorporated or Qualified

10/14/1983

4. FEI Number

59-2410976

Applied For

Not Applicable

2. Principal Place of Business

21 19329 U.S. Hwy. 19 N.

Suite, Apt. #, etc.

22 Suite 100

City & State

23 Clearwater Fl.

Zip

24 33744

Country

25 USA

2a. Mailing Address

26 19329 U.S. Hwy. 19 N.

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Clearwater Fl.

Zip

29 33744

Country

30 USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution ☐

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WATTS, HOWARD
 6200 COURTNEY CAMPBELL CAUSEWAY
 SUITE 100
 TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name Joanne Olvera Lighter
 82 Street Address (P.O. Box Number is Not Acceptable)
 19329 U.S. Hwy. 19 North
 83 Suite 100
 84 City Clearwater FL 85 Zip Code 33764

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 *Joanne Olvera Lighter*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-99

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
 NAME WATTS, HOWARD
 STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY
 CITY-ST-ZIP TAMPA FL 33607

TITLE T ☒ DELETE
 NAME DOOLEY, MICHAEL
 STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY, #100
 CITY-ST-ZIP TAMPA FL 33607

TITLE SD ☒ DELETE
 NAME MCCONNELL, JANE
 STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY, #100
 CITY-ST-ZIP TAMPA FL 33607

TITLE D ☒ DELETE
 NAME HEBERT, SUZANNE
 STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY, #100
 CITY-ST-ZIP TAMPA FL 33607

TITLE D ☐ DELETE
 NAME COAKLEY, DEBBIE
 STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY
 CITY-ST-ZIP TAMPA FL 33607

TITLE P ☐ DELETE
 NAME Lighter, Joanne Olvera
 STREET ADDRESS 19329 U.S. Hwy. 19 N. - Suite 100
 CITY-ST-ZIP Clearwater Fl. 33744

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
 1.2 NAME Sr. Marita Flynn, OSF
 1.3 STREET ADDRESS St. Anthony Convent
 1.4 CITY-ST-ZIP 631 11th Street North St. Petersburg, FL 33705

2.1 TITLE T ☐ Change ☒ Addition
 2.2 NAME Chuck, Gary
 2.3 STREET ADDRESS 6200 Courtney Campbell Causeway 100
 2.4 CITY-ST-ZIP Tampa FL 33607

3.1 TITLE D ☐ Change ☒ Addition
 3.2 NAME Sr. Dora Hollis, OSF
 3.3 STREET ADDRESS St. Francis Xavier Convent
 3.4 CITY-ST-ZIP 2045 Heitman Street St. Myers, FL 33901-3616

4.1 TITLE D ☐ Change ☒ Addition
 4.2 NAME Rudy Michael
 4.3 STREET ADDRESS 4717 Dolphin Cay, #602
 4.4 CITY-ST-ZIP St Petersburg, FL 33711

5.1 TITLE D ☐ Change ☒ Addition
 5.2 NAME James Murman, Esq.
 5.3 STREET ADDRESS 201 E. Kennedy Blvd.
 5.4 CITY-ST-ZIP Tampa, FL 33609

6.1 TITLE D ☐ Change ☒ Addition
 6.2 NAME Sr. Dolores O'Brien, OSF
 6.3 STREET ADDRESS Franciscan Srs. of Allegany
 6.4 CITY-ST-ZIP 115 E. Main Street Allegany, NY 14706

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 any attachment with an address.

SIGNATURE

Joanne Olvera Lighter

REQUIRED

4-23-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR