

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91335 028 ****61.25

DOCUMENT # 770809

1. Entity Name

ALLEGANY COMMUNITY OUT REACH GRANT FUND, INC.

Principal Place of Business

Mailing Address

**19329 US HWY 19 N
 STE 100
 CLEARWATER FL 33764**

**19329 US HWY 19 N
 STE 100
 CLEARWATER FL 33764**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2410976

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIGHTER, JOANNE O
 19329 US HWY 19 N.
 STE 100
 CLEARWATER FL 33764**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FLYNN, SR MARITA**
 CITY-ST-ZIP **ST ANTHONY COVENT/631 11TH STREET NORTH
 ST PETERSBURG FL 33705**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **O'Brien, Eileen DSR**
 CITY-ST-ZIP **3000 Perry Ave.
 Tampa FL 33603**

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **LIGHTER, JOANNE**
 CITY-ST-ZIP **19329 US HWY 19 N STE 100
 CLEARWATER FL 33764**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HOLLIS, SR DANA**
 CITY-ST-ZIP **ST FRANCIS XAVIER CONVENT/2045 HEITMAN STR
 FT MYERS FL 33901-3616**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MICHAUD, RUDY**
 CITY-ST-ZIP **4717 DOLPHIN CAY, #602
 ST PETERSBURG FL 33711**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MURMAN, JAMES ESQ.**
 CITY-ST-ZIP **201 E KENNEDY BLVD
 TAMPA FL 33609**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **O'BRIEN, SR DOLORES**
 CITY-ST-ZIP **FRANCISCAN SVCS OF ALLEGANY/115 E MAIN ST
 ALLEGANY NY 14706**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joanne Lighter
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01 727-507-9668
 Date Daytime Phone #

CR2E037 (10/00)