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0050792

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 771034

1. Corporation Name

THE OLD SAINT MARK COMMUNITY AID CENTER AT PORT TAMPA, INCORPORATED

Principal Place of Business

7218 SHERRILL ST
TAMPA FL 33616

Mailing Address

7218 SHERRILL ST
TAMPA FL 33616



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

11/02/1983

22 City & State

27 City & State

4. FEI Number
59-2921072

Applied For
Not Applicable

23 Zip

28 Zip

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 Country

29 Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUNTER, NOAH
7406 ELLIOTT ST
TAMPA FL 33616

81 Name **LILA JOHNSON THOMAS**

82 Street Address (P.O. Box Number is Not Acceptable)
7312 MASCOTT STREET

83

84 City **Tampa**

FL

85 Zip Code
33616

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]

LILA JOHNSON THOMAS

5/26/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **D**
PATTY, MICHELLE
STREET ADDRESS **7309 O'BRIEN**
CITY-ST-ZIP **TAMPA FL**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **P**
HUNTER, NOAH
STREET ADDRESS **7406 ELLIOTT ST.**
CITY-ST-ZIP **TAMPA FL**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **ST**
MUNNS, JIMMY
STREET ADDRESS **679-B KENWERE LOOP**
CITY-ST-ZIP **TAMPA FL**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **CB**
CANNON, NORMAN T.
STREET ADDRESS **5102 IDAHO STREET**
CITY-ST-ZIP **TAMPA FL**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **D**
JOHNSON THOMAS, LILA
STREET ADDRESS **7312 MASCOTT STREET**
CITY-ST-ZIP **TAMPA FL**

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **D**
SHEPARD, JOHN
STREET ADDRESS **3814 OKLAHOMA AVENUE**
CITY-ST-ZIP **TAMPA FL**

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

[Signature]

5/26/99 (813) 839-0295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)