

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Oct 08 1998 8:00am  
Secretary of State

DOCUMENT # F94000006579 (6)

1. Corporation Name

URBAN ASSISTANCE CORPORATION



Principal Place of Business

Mailing Address

2602 EAST 21ST AVE.  
TAMPA FL 33605-2110

2602 EAST 21ST AVE.  
TAMPA FL 33605-2110

3. Date Incorporated or Qualified

12/23/1994

4. FEI Number

59-3259774

☒ Applied For  
☐ Not Applicable

2. Principal Place of Business

21 5908 CLYDEDALE PLACE  
Suite, Apt. #, etc.

2a. Mailing Address

26 5908 CLYDEDALE PLACE  
Suite, Apt. #, etc.

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
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

City & State

23 ORLANDO, FLORIDA

Zip

24 32822

Country

25 ORANGE

City & State

28 ORLANDO, FLORIDA

Zip

29 32822

Country

30 ORANGE

9. Name and Address of Current Registered Agent

HAYNES, MICHAEL  
2711 EAST 22ND AVENUE  
2602 EAST 21ST AVENUE  
TAMPA FL 33605

10. Name and Address of New Registered Agent

81 Name

HAYNES, MICHAEL

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

5908 CLYDEDALE PLACE

83

84 City

ORLANDO, FLORIDA

FL

85 Zip Code

32822

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 *Michael A. Haynes*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME BANKS, BARTHOLOMEW  
STREET ADDRESS 2504 EAST CHIPCO AVENUE  
CITY-ST-ZIP TAMPA FL 33605

TITLE C ☐ DELETE

NAME BEXLEY, CALVIN C SR.  
STREET ADDRESS 15814 SAP WOOD  
CITY-ST-ZIP TAMPA FL 33614

TITLE D ☐ DELETE

NAME CLARK, HAROLD  
STREET ADDRESS 2103 N HAROLD AV  
CITY-ST-ZIP TAMPA FL 33607

TITLE P ☐ DELETE

NAME HAYNES, MICHAEL  
STREET ADDRESS 2602 EAST 21ST AVENUE  
CITY-ST-ZIP TAMPA FL 33605

TITLE V ☐ DELETE

NAME HORNE, ANNIE J  
STREET ADDRESS 6302 WOODSPRAY LANE  
CITY-ST-ZIP TAMPA FL 33617

TITLE S ☐ DELETE

NAME BARBONE, MICHAEL J  
STREET ADDRESS 6910 N. DALE MABRY HIGHWAY  
CITY-ST-ZIP TAMPA FL 33614

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME DUPREE, JACKIE  
1.3 STREET ADDRESS 2104 EAST 28th AVENUE  
1.4 CITY-ST-ZIP TAMPA, FL 33605

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME GARCIA, BEVERLY  
2.3 STREET ADDRESS 2504 EAST CHIPCO AVENUE  
2.4 CITY-ST-ZIP TAMPA, FL 33605

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME BROWN, CATHERINE  
3.3 STREET ADDRESS 3507 EAST 25th AVENUE  
3.4 CITY-ST-ZIP TAMPA, FL 33605

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME 100002660901  
4.3 STREET ADDRESS -10/08/98--01086--030  
4.4 CITY-ST-ZIP \*\*\*70.00

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE: *Michael A. Haynes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/98

813-294-4385  
Date Daytime Phone #

CR2E037 (5/98)