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FILED
Apr 16 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N00938**

(3)

1. Corporation Name

OPPORTUNITIES UNLIMITED, INC.

Principal Place of Business

Mailing Address

**219-32ND ST W
BRADENTON FL 34205**

**PO BOX 274
BRADENTON FL 34205**

3. Date Incorporated or Qualified

01/16/1984

4. FEI Number

59-2541867

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WYKE, EDWARD DEAN
219-32ND ST W
BRADENTON FL 34205**

81 Name

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

83

84 City

FL

85 Zip Code

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, 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 ☐ DELETE
NAME **PD**
STREET ADDRESS **WOODSON, LILA**
CITY-ST-ZIP **P. O. BOX 508
PALMETTO FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **P.O. Box 1004 N/A**
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **MARTIN, NANCY**
CITY-ST-ZIP **4717 DUNDEE DRIVE
BRADENTON FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PRESHA, WALTER**
CITY-ST-ZIP **P O BOX 508 N/A
PALMETTO FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **880 - 33RD STREET, EAST**
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **MURPHY, MICHAEL**
CITY-ST-ZIP **5824 BEE RIDGE RD STE 309
SARASOTA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 on supplemental annual report is true and correct, 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, and that I am qualified to accept the appointment as registered agent for the corporation 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: **LILA WOODSON** 9 APRIL 98 (941) 722-7463

CP2E037 (10/97)