

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N01261** (9)
1. Corporation Name
BUSTING ATTITUDE BARRIERS THRU INVOLVEMENT, INC.



Principal Place of Business
**12933 81ST AVE., N.
SEMINOLE FL 34646
US**

Mailing Address
**12933 81ST AVE., N.
SEMINOLE FL 34646
US**

3. Date Incorporated or Qualified
02/07/1984

3a. Date of Last Report
01/23/1995

2. Principal Place of Business
21 **12933-81 AVE N**
Suite, Apt. #, etc.
22
City & State
23 **SEMINOLE FL**
Zip - Country
24 **34646** 25 **PINELLAS**

2a. Mailing Address
26 **12933-81 AVE N**
Suite, Apt. #, etc.
27
City & State
28 **SEMINOLE FL**
Zip - Country
29 **34646** 30 **PINELLAS**

4. FEI Number
59-2391046

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**DANGLER, HAROLD F.
12933 - 81ST AVE. N.
SEMINOLE FL**

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DANGLER, HAROLD F.	
STREET ADDRESS	12933 - 81ST AVE., N	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FAAS, PHIL	
STREET ADDRESS	3226 BAYOU PLACIDO BL.	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COOK, JOAN	
STREET ADDRESS	10792 64TH AVENUE N.	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DANGLER, DORIS	
STREET ADDRESS	12933 - 81ST AVE. N	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CARR, GILES	
STREET ADDRESS	11815 - 88TH AVE., NO.	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	COOK, THOMAS	
STREET ADDRESS	10792 64TH AVENUE N.	
CITY - ST - ZIP	SEMINOLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Harold F. Dangler** **HAROLD F. DANGLER** 1-25-96 / 813-392-2448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)