

FILE NOW: FILING FEE IS \$61.25

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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01261 (9)
1. Corporation Name
BUSTING ATTITUDE BARRIERS THRU INVOLVEMENT, INC.



Principal Place of Business 12933-81 AVENUE NORTH SEMINOLE FL 33776 US	Mailing Address 12933-81 AVENUE NORTH SEMINOLE FL 33776 US
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3. Date Incorporated or Qualified 02/07/1984	
4. FEI Number 59-2391046	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Katherine F Hudson
2.3 STREET ADDRESS	11433 84th Ave N
2.4 CITY-ST-ZIP	Seminole, FL 33772
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lonny L Hudson
5.3 STREET ADDRESS	11433 84th Ave N
5.4 CITY-ST-ZIP	Seminole, FL 33776
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 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: **DORIS DANGLER**

Doris Dangler

2-4-98

392-2448

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