

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01900

1. Corporation Name

AMPUTEES TOGETHER, INC.

Principal Place of Business

5311
2304 E FLETCHER AVENUE
TAMPA FL 33613
US 33617

Mailing Address

5311
2304 E FLETCHER AVE
TAMPA FL 33613
US 33617

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90184 044 ****70.00

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2. Principal Place of Business

21 **5311 E Fletcher Ave**

Suite, Apt. #, etc.

22

City & State

23 **Tampa, FL 33617**

Zip Country

24 **33617** **25** **USA**

2a. Mailing Address

26 **5311 E Fletcher Ave**

Suite, Apt. #, etc.

27

City & State

28 **Tampa, FL**

Zip Country

29 **33617** **30** **USA**

3. Date Incorporated or Qualified

03/12/1984

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

ZAGORC, MICHAEL A.
854 S DAVIS BLVD
TAMPA FL 33606

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME **PD**
ESPARZA, WALDO
STREET ADDRESS **2304 E FLETCHER AVE**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ DELETE

NAME **VD**
BAUER, LES
STREET ADDRESS **2304 E FLETCHER AVE**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ DELETE

NAME **TSD**
ZAGORC, MICHAEL
STREET ADDRESS **854 S DAVIS BLVD.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **D**
CARDENAS, MARCELLA
STREET ADDRESS **3030 W. BEARSS AVE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **D**
GIFFORD, DOTTIE
STREET ADDRESS **2304 E FLETCHER AVE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **5311 E FLETCHER AVE**
1.4 CITY-ST-ZIP **TAMPA FL 33617**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **5311 E FLETCHER AVE**
2.4 CITY-ST-ZIP **TAMPA FL 33617**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS **5311 E FLETCHER AVE**
5.4 CITY-ST-ZIP **TAMPA FL 33617**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 26, 1999 (813) 276-8100
Date Daytime Phone #

CR2E037 (11/98)

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