


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2006
NOT FOR PROFIT
CORPORATION
ANNUAL CORPORATE REPORT (ar)

 FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 25 AM 7:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000007889

1. Corporation Name

COMBEE AREA REVITALIZATION EFFORT INC.

2. Principal Office Address

2821 Ralph Road

3. Mailing Office Address

2821 Ralph Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland florida

City & State

Lakeland florida

Zip

33801

Country

Polk

Zip

33801

Country

Polk

4. Date Incorporated or Qualified To Do Business in Florida 10-15-2002

5. FEI Number

593750071

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Elsie S Hall

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

2821 Ralph Road

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33801

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Elsie S. Hall

Date 4/5/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Parrotte, Thomas	1307 Pleasant Place	Lakeland, FL 33801
V	Whidden, Calvin	1723 North Combee Road	Lakeland, FL 33801
S	Cline, Vickie	2250 Magnolia Street E.	Lakeland, FL 33801
T	Hall, Elsie	2821 Ralph Road	Lakeland, FL 33801
B	Tantlinger, Betty	2659 Hempstead dr.	Lakeland, FL 33801
B	Lewis, Cassie	4855 Foxrun Cir.	Lakeland, FL 33813

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Elsie S. Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06 (863) 665-9406
Date Daytime Phone #

B. Mitchell APR 27 2006