FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

CITY-ST-ZIP

N02835

(9)

SEFFNER-THONOTOSASSA COUNCIL FOR COMMUNITY AFFAIRS. INC.

								- 1			(B) B B B B B	(B)! #(B) (B#)	
Principal Place of Business Mailing Address										Olit Block \$1	ABIN BURN BIRN BI	(DIL BIRKI (DE)	
9707 COMMODORE DRIVE SEFFNER FL 33584				9707 COMMODORE DRIVE SEFFNER FL 33584-6204									
								3	Date Incorporated or Qualified 05/01/1984	3a . D	Date of Last R 04/29/19		
2. Principal Place of Business				2a. Mailing Address				4	FEI Number		Ar	oplied For	
21				26				- 1	NOT APPLICABLE		X No	ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					0.00	[X]	\$8.75		
22				27				5	. Certificate of Status Desired	(A)	Fee Re	equired	
City & State				City & State				6	Election Campaign Financing		\$5.00	May Be	
23				28				1	Trust Fund Contribution		Added t		
Zip	Zip Country			Zip Country			у	8	. This corporation has liability for	intangible	e tax under s	. 199.032,	
24	25			29 30				Florida Statutes Yes 🔀 No					
	9, Name	and Address of Cur	rent Regis					10	10. Name and Address of New Registered Agent				
						81	Name						
ERVIN, S	SAMUEL JF				82 Street Addre			P.O. Box Number is Not Acceptai	nie)				
9707 COMMODORE DR.				Oli Bet A			Oliberina	000 (1.0. Box Hamber is Hot Neceptal	110)			
	R FL 33584					83							
						84	Cit.				Jos Tin	Codo	
							' '			FL	_	Code	
11. Pursuant office or re agent. La	to the provis egistered ag m familiar wi	ions of Sections 617.0 ent, or both, in the St th, and accept the ob	0502 and 6 ate of Flori ligations o	17.1508, Florida Sta da. Such charge wa f, Section 63, 0503,	tutes, the a is authorize Florida Sta	abov ed b	ve-named co by the corpor is.	corporation's	on submits this statement for the p board of directors. I hereby acce	ourpose o pt the ap	of changing it pointment as	s registered registered	
SIGNATURE		me 4/		- /r.			anyel	Er	vin Jr.	3-11-	97		
	Signature, typed		agent and little	/		ed Ag	ent signature rec	equired whe	n re-nstating)	DATE			
12.		OFFICERS /	AND DIREC		13.				ADDITIONS/CHANGES TO OFFICE	CERS AN			
TITLE	PD			☐ DELETE	111						Change	Addition	
NAME	1			1.2 NAME									
STREET ADDRESS 9733 BELVEDERE DR				1.3 STREET ADDRESS							į		
CITY-ST-ZIP		R FL 33584	···			_	ST-ZIP		· · · · · · · · · · · · · · · · · · ·				
TITLE	VPD	• • • • • • • • • • • • • • • • • • • •		☐ DELETE	2.1	IITLE					☐ Change	Addition	
NAME		SAMUEL JR			2.2 1	NAME							
STREET ADDRESS		OMMODORE DR			2.3 \$	STREE	T ADDRESS						
CITY-ST-ZIP		R FL 33584					ST-ZIP						
TITLE	SD			☐ DELETE	3.1	IITLE					☐ Change	Addition	
NAME		ELL, DORIS			3.21	MAME							
STREET ADDRESS		elvedere dr.			3.3 5	STREET	T ADDRESS						
CITY-ST-ZIP		R FL 33584		··	3.4.	CITY -	ST-ZIP						
TITLE	TD			☐ DELETE	4.1	IITLE					☐ Change	Addition	
NAME	ERVIN, I				4. 2	NAME							
STREET ADDRESS		OMMODORE DR.			4.3 \$	STREE	T ADORESS						
CITY-ST-ZIP	<u>SEFFNE</u>	R FL		<u>_</u>	4.4 (CITY-S	ST-ZIP						
TITLE				DELETE	511	ITLE	,				☐ Change	Addition	
NAME					521	MAME	1						
STREET ADDRESS					5.3 5	STREET	t address						
CITY-ST-ZIP					5.4 (Offy-	ST - ZIP						
TITLE				☐ DELETE	6.11	ITLE					☐ Change	Addition	
NAME					6.2 !	MAN							
STREET ADDRESS					6.3 \$	STREE	T ADDRESS						

14. I do 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.

6.4 CITY - S1 - ZIP