FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 09 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N02835

(9)

SEFFNER-THONOTOSASSA COUNCIL FOR COMMUNITY AFFAIRS, INC.

Disclosi Diversity of Division									- 1 10511161 011 84116 11061 19106 11161 0111 8841 0181 0181 0181 0181 0181 1801				
Principal Place of Business Malling Address								1			,		
9707 COMMODORE DRIVE 9707 COMMODORE DRIVE								-	3. Date Incorporated or Qualifie				
SEFFNER FL 33584				SEFFNER FL 33584				آ آ		J G			
ļ								-	05/01/1984 4. FEI Number		 -	A	
								"			— — —	Applied For	
A Principal C	None of Busi		196	* Mailing Address					NOT APPLICABLE		- 	Not Applicable	
2. Principal Place of Business				2a. Mailing Address				6	5. Certificate of Status Desired	X	· · · · ·	Additional	
21												Required	
Suite, Apt. #, etc.				Sulte, Apt. #, etc.				6	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
22	 		27										
City & State				City & State				7	7. Is this nonprofit corporation a homeowners association?				
23			28	28									
Zip	·		├ -¬	Zip Co.			ý	8	8. This corporation owes or has paid the current year Intangible				
24	25		29						Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
ļ	9. Name	and Address of Cur	rent Regu	stered Agent		 	1). Name and Address of New	Registered	d Agent		
•						81	Name					ı	
ERVIN, SAMUEL JR.					,			Address (ddress (P.O. Box Number is Not Acceptable)				
	DMMODOR												
DEFFNE	R FL 3358	4				83							
	11.18	•				<u> </u>			 		1-11-		
						84				_ FI		p Code	
11. Pursuant	to the provis	lons of Sections 617.0	J502 and f	617.1508, Florida Stat	utes, the a	bov	e-named	corporation	ion submits this statement for the board of directors. I hereby ac	e purpose	of changing	its registered	
Oπice or a agent. Is	/ egiste rea ឧប្ am fa miliar w	jent, or both, in the 50 ith, and accept the of	ate oi Fiori Digations c	ida. Such change was of. Section 617.0503,	s authorize Florida Sta	30 D) atute	y the corp is,	poration s	board of directors, I nereby ac	cept the ap	pointment a	is registereu	
	5~	-090	<u> </u>	h_		1 1	Fmi		2 -	2.98			
SIGNATURE	Signature, typed	d or printed name of registered	agent and litt	le if applicable. (N	OTE: Registere	ed Age	ent signature	e required whe	en relestating)	DATE	4-10		
12.		OFFICERS A			13.				ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	PRS IN 12	
TITLE	PD			DELETE	1.11	TITLE		Pres	ident - Director		Change	Addition	
NAME	PADGE1	r. Mary			1.21	NAMÉ		Sam	11				
STREET ADDRESS 9733 BELVEDERE DR							970		' 				
CITY-ST-ZIP	ARECUED EL ALLA			1.4 CITY					7 Commodore fner, Fl. 3358	Drive			
TITLE	VPD	TITE OOOT		DELETE		IITLE	31-511	Nico.	Pres, à Diregtor	_ 7	Change	Addition	
		CAMIE ID				NAME	,	Ofis	f. Padgett		Jack 4		
NAME	55 04141400400				•				3 Belvedere Dr	_		;	
STREET ADORESS	Ammunes an access						T ADDRESS			•			
CITY-ST-ZIP	SEFFNER FL 33584						ST-ZIP	Jen	fner, Fl. 33584		Change	Addulan	
TITLE	SD	C' DODA		DELETE	1	NTLE	1	1	•		Change	Addition	
NAME		ELL, DORIS		3.2 N									
STREET ADDRESS		ELVEDERE DR			3.3 \$	TREET	T ADDRESS						
CITY-ST-ZIP		R FL 33584			3.4. (CITY-	ST-ZIP						
TITLE	110			☐ DELETE	4.1 T	ITLE]			☐ Change	Addition	
NAME	ERVIN, E			4.2 h									
STREET ADDRESS	ss 9707 COMMODORE DR.			4.3 STREET A			ADDRESS					1	
CITY-ST-ZIP	SEFFNE				440	HTY-5	ST-ZIP						
TITLE				DELETE	5.1 T		· ·	 			Change	Addition	
NAME				_	5.2 N								
STREET ADDRESS					1		T ADDRESS	Ì				,	
	l											,	
CITY-ST-ZIP	 			DELETE	_		ST-ZIP	 			Change	Addition	
TITLE	ł				6.1 T			1			The Amendo	Notified	
NAME	1				6.2 N		1	-					
CIDEET ADDRESS	1				RQC	TREET	TADDRESS I	I					

14. Thereby 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:

4.1.2.2.3.981-1.2.73