

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N04437** (2)
1. Corporation Name

**THE ADVISORY COMMITTEE FOR URBAN REVITALIZATION
EQUITY (A-CURE), INC.**



Principal Place of Business
**920 CENTER AVENUE
P.O. BOX 30002
PANAMA CITY FL 32401-4525**

Mailing Address
**920 CENTER AVENUE
P.O. BOX 30002
PANAMA CITY FL 32401-4525**

3. Date Incorporated or Qualified **07/31/1984** 3a. Date of Last Report **06/06/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**BRUCE, JOHN T., SR.
920 CENTER AVENUE
PANAMA CITY FL 32401**

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 **D/M** ☐ DELETE
NAME **BRUCE, JOHN T., SR.**
STREET ADDRESS **920 CENTER AVE**
CITY - ST - ZIP **PANAMA CITY FL**

TITLE **SD** ☐ DELETE
NAME **MARSHALL, CHARLOTTE**
STREET ADDRESS **208 N MACARTHUR AVE**
CITY - ST - ZIP **PANAMA CITY FL**

TITLE **TD** ☐ DELETE
NAME **HINES, MYRON**
STREET ADDRESS **1023 E 14TH ST**
CITY - ST - ZIP **PANAMA CITY FL**

TITLE **D** ☐ DELETE
NAME **SMITH, COLUMBUS**
STREET ADDRESS **1002 KIRKLAND AVE**
CITY - ST - ZIP **PANAMA CITY FL**

TITLE **VP/D** ☐ DELETE
NAME **LUCAS, JANICE**
STREET ADDRESS **1723 ILLINOIS AVE.**
CITY - ST - ZIP **PANAMA CITY FL**

TITLE **C/D** ☐ DELETE
NAME **CLARK, CHARLE**
STREET ADDRESS **908 RUSS LAKES DR.**
CITY - ST - ZIP **SPRINGFIELD FL 32403**

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Myron Hines*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7 96 234-2773(904)
Date Daytime Phone #

0016613

CR2E037 (3/96)