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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 1. Corporation Name N04437 (2)

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

Principal Place of Business Mailing Address 920 CENTER AVENUE **820 CENTER AVENUE** P.O. BOX 30002 P.O. BOX 30002 PANAMA CITY FL 32401-8902 PANAMA CITY FL 32401-4525 te Incorporated or Qualified 07/31/1984 3a. Date of Last Report 08/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NOT APPLICABLE 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 26 Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 30 20 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRUCE, JOHN T., SR. 82 Street Address (P.O. Box Number is Not Acceptable) **920 CENTER AVENUE** PANAMA CITY FL 32401 84 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition 1.1 TITLE Change TITLE BRUCE, JOHN T., SR. 1.2 NAME NAME 920 CENTER AVE 1.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL CITY - ST - ZIP 1.4 CITY - ST-ZIP DELETE Change Addition 21 TITLE TITLE MARSHALL, CHARLOTTE NAME 2.2 NAME 208 N MACARTHUR AVE STREET ADDRESS 2.3 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TD 3.1 TITLE -₩ili€ HINES, MYRON 3.2 NAME NAME 1023 E 14TH ST 3.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE SMITH, COLUMBUS NAME 4 2 NAME 1002 KIRKLAND AVE 4.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ■ Addition VP/D TITLE 5.1 TITLE LUCAS, JANICE 5.2 NAME NAME 1723 ILUNOIS AVE. STREET ADDRESS 5.3 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition C/D 61 TITLE TITLE CLARK, CHARLES NAME 6.2 NAME 908 RUSS LAKES DR. 6.3 STREET ADDRESS STREET ADDRESS SPRINGFIELD FL 32403

6.4 CITY - ST-ZIP

SIGNATURE:

CITY - ST - ZIP

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.

Daytime Phone # 0009339

FILED

Apr 03 1997 8:00am

Secretary of State