


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>DOCUMENT # N04437 (2)</b>
1. Corporation Name <b>THE ADVISORY COMMITTEE FOR URBAN REVITALIZATION EQUITY (A-CURE), INC.</b>

Principal Place of Business <b>920 CENTER AVENUE P.O. BOX 30002 PANAMA CITY FL 32401-4525</b>	Mailing Address <b>920 CENTER AVENUE P.O. BOX 30002 PANAMA CITY FL 32401-4525</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>BRUCE, JOHN T., SR. 920 CENTER AVENUE PANAMA CITY FL 32401</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D/M BRUCE, JOHN T., SR.</b>
STREET ADDRESS	<b>920 CENTER AVE</b>
CITY-ST-ZIP	<b>PANAMA CITY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD MARSHALL, CHARLOTTE</b>
STREET ADDRESS	<b>206 N MACARTHUR AVE</b>
CITY-ST-ZIP	<b>PANAMA CITY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD HINES, MYRON</b>
STREET ADDRESS	<b>1023 E 14TH ST</b>
CITY-ST-ZIP	<b>PANAMA CITY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D SMITH, COLUMBUS</b>
STREET ADDRESS	<b>1002 KIRKLAND AVE</b>
CITY-ST-ZIP	<b>PANAMA CITY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP/D LUCAS, JANICE</b>
STREET ADDRESS	<b>1723 ILLINOIS AVE.</b>
CITY-ST-ZIP	<b>PANAMA CITY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>C/D CLARK, CHARLE</b>
STREET ADDRESS	<b>908 RUSS LAKES DR.</b>
CITY-ST-ZIP	<b>SPRINGFIELD FL 32403</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE:  7/14/98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)