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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04437

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/31/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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

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

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

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D/C Michael Grady**
5.3 STREET ADDRESS **6020 Cherry St.**
5.4 CITY-ST-ZIP **Panama City, FL. 32404**

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

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **Ella Mincey**
6.3 STREET ADDRESS **8149 Betty Louise Dr.**
6.4 CITY-ST-ZIP **Panama City, FL. 32404**

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, with all other like empowered.

SIGNATURE:

Charlotte Marshall
REQUISSED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99

Date

850 769-3698

Daytime Phone #

CR2E037 (11/98)