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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N05333 (2)

1. Corporation Name

THE BITHLO BETTERMENT COMMITTEE INC.*****

Principal Place of Business

18234 BELVEDERE RD.
ORLANDO FL 32820

Mailing Address

18234 BELVEDERE RD.
ORLANDO FL 32820-2317

3. Date Incorporated or Qualified
09/07/1984

3a. Date of Last Report
02/08/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-2450370

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARKER, LINDA M
18234 BELVEDERE RD.
ORLANDO FL 32820

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

Linda M. Parker
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARKER, LINDA M	
STREET ADDRESS	18234 BELVEDERE RD.	
CITY - ST - ZIP	ORLANDO FL 32820	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WHITE, MARY	
STREET ADDRESS	18869 2ND AVE.	
CITY - ST - ZIP	ORLANDO FL 32820	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOODMAN, GLENDA	
STREET ADDRESS	1540 10TH ST.	
CITY - ST - ZIP	ORLANDO FL 32833	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRESCO, ELAINE	
STREET ADDRESS	2015 10TH ST.	
CITY - ST - ZIP	ORLANDO FL 32820	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, SHIRLEY	
STREET ADDRESS	18810 16TH AVE.	
CITY - ST - ZIP	ORLANDO FL 32833	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCUDERI, JOSEPH	
STREET ADDRESS	750 N. 6TH ST.	
CITY - ST - ZIP	ORLANDO FL 32820	

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 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.

SIGNATURE: *Linda M. Parker* 4/8/97 407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018313

CR2E037 (9/96)