

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:45

DOCUMENT # N08991 (4)

1. Corporation Name

ALPHA VILLAGE TAXPAYERS & CIVIC ASSOCIATION, INC

Principal Place of Business

7251 ASHLAND ST
ZEPHYRHILLS FL 33540

Mailing Address

7251 ASHLAND ST
ZEPHYRHILLS FL 33540

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1985

3a. Date of Last Report

02/16/1994

4. FEI Number

65-0391229

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☒

\$68.75 Supplemental

Fee Not Required

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

FRIEND, ARTHUR
7251 ASHLAND DR
ZEPHYRHILLS FL 33540

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

FRIEND, ARTHUR

STREET ADDRESS

7251 ASHLAND DR

CITY-ST-ZIP

ZEPHYRHILLS FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

VPD Peters, Marilyn
7142 Landover Dr.
Zephyrhills, FL

☒ Change ☐ Addition

TITLE

PD

NAME

CUNNINGHAM, MILBURN

STREET ADDRESS

7312 LANDOVER DR

CITY-ST-ZIP

ZEPHYRHILLS FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D Cunningham, Milburn
7312 Landover Dr.
Zephyrhills, FL

☒ Change ☐ Addition

TITLE

SD

NAME

HAIGHT, MARY LOU

STREET ADDRESS

7323 LEHIGH CT.

CITY-ST-ZIP

ZEPHYRHILLS FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

TD

NAME

CRAWFORD, EDNA

STREET ADDRESS

38525 CAMDEN AVE

CITY-ST-ZIP

ZEPHYRHILLS FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

D

NAME

DEHAVEN, ROBERT

STREET ADDRESS

7143 ASHLAND DR.

CITY-ST-ZIP

ZEPHYRHILLS FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D Harmon, Carlyle
38620 Pinmont Ave
Zephyrhills, FL

☒ Change ☐ Addition

TITLE

VPD

NAME

MURABITO, JOE

STREET ADDRESS

38848 CAMDEN AVE.

CITY-ST-ZIP

ZEPHYRHILLS FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD David Rushlow
7224 Landover Dr.
Zephyrhills, FL

☒ 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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #