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03-22-1999 90100 036 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N08991

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



2. Principal Place of Business

21 7142 LANDOVER DR

Suite, Apt. #, etc.

22

City & State

23 ZEPHYRHILLS FL

Zip

24 33540

Country

25 PASCO

2a. Mailing Address

26 7142 LANDOVER DR.

Suite, Apt. #, etc.

27

City & State

28 ZEPHYRHILLS FL

Zip

29 33540

Country

30 PASCO

3. Date Incorporated or Qualified

04/30/1985

4. FEI Number

65-0391229

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

9. Name and Address of Current Registered Agent

PETERS, MARILYN J
7142 LANDOVER DR
ZEPHYRHILLS FL 33540

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME PETERS, MARILYN
STREET ADDRESS 7142 LANDOVER DR.
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE D ☐ DELETE

NAME CUNNINGHAM, MILBURN
STREET ADDRESS 7312 LANDOVER DR.
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE SD ☒ DELETE

NAME HAIGHT, MARY LOU
STREET ADDRESS 7323 LEHIGH CT.
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE TD ☒ DELETE

NAME CRAWFORD, EDNA
STREET ADDRESS 38525 CAMDEN AVE
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE D ☒ DELETE

NAME HARMON, CARLYLE
STREET ADDRESS 38620 PIEDMONT AVE
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE VPD ☐ DELETE

NAME WILSON, JIM
STREET ADDRESS 7329 APPLGATE
CITY-ST-ZIP ZEPHYRHILLS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE SD ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE VPD ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE TD ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ 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, with all other like empowered.

SIGNATURE:

Donald Thibert **SIGNATURE REQUIRED TD**

2-17-99

813-783-2935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)