## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

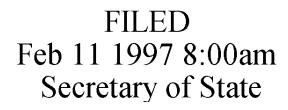
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N16583

(9)

MEMPHIS AREA COMMUNITY DEVELOPMENT CORPORATION,





Principal Place of Business			Mailing Address				e immired dat claim drent diene nicht imme nicht mit der mit dreit dreit dreit den			
900 3RD STREET EAST BRADENTON FL 34206		PO BOX 937 BRADENTON FL 34206-0937								
							3. Date Incorporated or Qualified 08/29/1986	3a. Da	te of Last <b>06/17/1</b>	Report <b>996</b>
2. Principal Place of Business			2a. Mailing Address				4. FEI Number 65-0018599			pplied For
21			26				140t Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	X		Additional Regulred
City & State			City & State				6. Election Campaign Financing			May Be
23			28			Trust Fund Contribution			to Fees	
Zip	Country		Zip Co		ntry		8. This corporation has liability for in	ntangible		
24	25 29 30			30			Florida Statutes 🔲 Yes 📈 No			
	9. Name and Address of Curren	t Registe	ered Agent				10. Name and Address of New Reg	istered A	gent	
_					81	Name				ļ
GIBSON, WILLIAM A				82 Street Addr			dress (P.O. Box Number is Not Acceptab	e)		
2115 18TH ST. CT. EAST			83							
BRADEN	ITON FL 34208				63					ŀ
					84	City		FL	85 Zip	Code
11 Durement	to the provisions of Sections 617.050	2 004 61	7 1509 Florido Statu	too the al		nomed on	orporation submits this statement for the p		11	ito sociatore d
office or r	egistered agent, or both, in the State	of Florida	Such change was	authorized	d by	the corpor	ration's board of directors. I hereby accep	t the appo	changing pintment a	s registered
<u></u>		ations of	Section 617.0503, F	lorida Stat	utes	<b>i</b> .				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if	anglice (NO	TF: Habisterer	1 And	nt signature rec	quired when reinstating)	DATE		
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	PD		☐ DELETE	1.1 10	ſLξ				Change	☐ Addition
NAME	MAJOR, LAWRENCE			1.2 NA	ME					
STREET ADDRESS	1312 24TH ST. EAST			1.3 \$7	REET	ADDRESS				ļ
CITY-ST-ZIP	BRADENTON FL 34208			1.4 CI	TY-S	T - ZIP				
TITLE	DS		DELETE	2.1 111	i LE				Change	Addition
NAME	Massie, Virginia			2.2 NA	ME					
STREET ADDRESS	PO BOX 258 N/A			2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	TALLEVAST FL 34208			2. 4 CI	ITY - S	IT-ZIP				
TITLE	DT		☐ DELETE	3.1 Til	LE	] "	- ····		Change	☐ Addition
NAME	INGRAM, IRENE			3.2 NA	ME					
STREET ADDRESS	1504 18TH ST EAST			3.3 ST	REET	ADDRESS				
CITY-ST-ZIP	BRADENTON FL 34208			3.4 CI	ITY - S	T-ZIP		~~		
TITLE			DELETE	4.1 111	LLE	ł			L Change	☐ Addition
NAME				4. 2 N	AME					
STREET ADDRESS				4.3 ST	REET	ADDRESS			•	
CITY-ST-ZIP				4.4 CI		T-ZIP				
TITLE			☐ DELETE	5.1 111					L Change	☐ Addition
NAME				5.2 NA	ME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			- Drivat	54 CI		T - ZIP			l in	4 3 190
TITLE			☐ DELETE	61 TH		1			Change	Addition
NAME				6.2 NA						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				6.4 CI	Y-S	[-ZiP				

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 pBlock 13 if changed, or on an attachment with an address.