

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
28 JUN 26 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N16583**
1. Corporation Name

**MEMPHIS AREA COMMUNITY DEVELOPMENT CORPORATION
INC.**

Principal Place of Business Mailing Address

**1060 OREGON CT.
SARASOTA FLORIDA, 34236**

3. Date Incorporated or Qualified

4. FEI Number

65-0018599

Applied For

Not Applicable

2. Principal Place of Business

21 **1060 OREGON CT**

Suite, Apt. #, etc.

22 **SARASOTA FLA.**

City & State

23 **34236, SARASOTA FLA**

Zip

24 **34236**

Country

25 **SARASOTA**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WILLIAM A. GIBSON
2115 18th St. Ct. East
BRADENTON FLA. 34208**

10. Name and Address of New Registered Agent

81 Name

LAWRENCE MAJOR

82 Street Address (P.O. Box Number is Not Acceptable)

1060 OREGON CT.

83

84 City

SARASOTA

FL

85 Zip Code

34236

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 **LAWRENCE MAJOR**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-26-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P/D LAWRENCE MAJOR**

STREET ADDRESS **1312 24th St. East**
CITY-ST-ZIP **BRADENTON FLA. 34208**

TITLE ☐ DELETE

NAME **D/S VIRGINIA MASSIE**

STREET ADDRESS **PO BOX 258 N/A**
CITY-ST-ZIP **TALLEVAST, FLA 34208**

TITLE ☐ DELETE

NAME **D/T IRENE INGRAM**

STREET ADDRESS **1504 18th ST. EAST**
CITY-ST-ZIP **BRADENTON, FLA 34208**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

400002574094--1

-06/29/98--01001--010

******183.75 ****181.25**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

400002574094--1

-06/29/98--01001--011

*******26.25 *****8.75**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

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.

SIGNATURE: **LAWRENCE MAJOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 26, 1998 (941) 355-2994

Date

Daytime Phone #

CR2E037 (10/97)