FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16583

MEMPHIS AREA COMMUNITY DEVELOPMENT CORPORATION, INC.

Principal Place of Business 1060 OREGON CT SARASOTA FL 34236 Mailing Address

1060 OREGON CT SARASOTA FL 34236 | 102 PT | 102 | 102 | 102 |

99 FEB 19 PM 12: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2. Principal P	lace of Business	2a. Mailing Address					3. Date Incorporated or Qualifed					
21		26)				}	08/29/1986					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u>⊢</u> 1				4. FEI Number			Applied For		
22		27					65-0018599	·		Not	Applicable	
City & State	e	City & State	h .				5. Certifcate of Status Desired	724	\$8.75 Additional Fee Required			
Zip 24	Country Zip [25] [29] [30			Country			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
			j	81	Name						- 1	
MAJOR, L	NAMOENCE		82 Street Addres				70.0 02 10 10 10 10 10 10 10 10 10 10 10 10 10	-i				
1060 ORE			82 Street Addre			oress	(P.O. Box Number is Not Acceptal	Die)]	
			83									
SAKASUT	A FL 34236								_			
			[84	City			FL	85	Zip C	ode	
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 age			Agent	signature requir	red whe		DATE				
12.	OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES TO OFF	ICERS AN			{	
TITUE	PD			I.1 TITLE					□ c+	ange	☐ Addition	
NAME	MAJOR, LAWRENCE		12 NA		ļ	1)	
STREET ADDRESS	1312 24TH ST. EAST		1.3 STF	1.3 STREET ADDRESS							ſ	
CITY-ST-ZIP	BRADENTON FL 34208		1.4 C/T	1.4 CiTY-ST-ZIP							í	
TITLE			2 1 TIT	21 TITLE					Cr	ange	Addition	
NAME	MASSIE, VIRGINIA		22 NA	22 NAME								
STREET ADDRESS	PO BOX 258 N/A		23 STF	23 STREET ADORESS							{	
CITY-ST-ZIP	TALLEVAST FL 34208		1	2 4 CITY-ST-ZIP							ľ	
TITLE	DT DELETE			31 TITLE					□Cr	ange	Addition	
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				33 STREET ADDRESS							ļ	
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CITY-ST-ZIP				34 CITY-ST-ZIP					□ CF	20.00	Addition	
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NAME]							
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STREET ADDRESS	*(5 3 STF	53 STREET ADDRESS						り か	1641 . 1	
CITY-ST-ZIP					Y-ST-ZIP					'/	<u>' </u>	
TITLE	☐ DELETE 61			TITLE					C		☐ Addition	
NAME	1		62 NA	2 NAME			0000027808807					
STREET ADDRESS			63 STF		REET ADDRESS		-02/19/9901067003					
CITY-ST-ZIP	64CI			Y-ST	-ZIP	zie ****227.50			声声:*	* + 71) . (iii)	
	certify that the information supplied w	vith this filing does not qualify for	r the exer	npti	on stated in	Sect	ion 119.07(3)(i), Florida Statutes. I	further cert	fy tha	t the in	formation	

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:

TYPEO OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1-6-22

954-3632

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