

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 29 1996 8:00 am
Secretary of State

DOCUMENT # N19516 (6)

1. Corporation Name

THE MUSTARD SEED FOUNDATION, INC.



Principal Place of Business

2510 CENTRAL AVE
ST. PETERSBURG FL 33712

Mailing Address

2510 CENTRAL AVE
ST. PETERSBURG FL 33712

3. Date Incorporated or Qualified
03/04/1987

3a. Date of Last Report
03/02/1995

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

9. Name and Address of Current Registered Agent

4. FEI Number
59-2781328

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

MALCOLM, DONALD D
2510 CENTRAL AVE
ST. PETERSBURG FL 33712

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

Donald S. Malcolm, Executive Director

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1/16/96

12. OFFICERS AND DIRECTORS

TITLE TD ☐ DELETE
NAME BUTZ, BARBARA
STREET ADDRESS 11351 ULMERTON ROAD, HRS SUITE 124
CITY-ST-ZIP LARGO FL

TITLE D ☐ DELETE
NAME MARCINAK, VALORE
STREET ADDRESS 3520 F MAGNOLIA
CITY-ST-ZIP PALM HARBOR FL

TITLE D ☐ DELETE
NAME LABYAK, MARY
STREET ADDRESS 300 EAST BAY DRIVE
CITY-ST-ZIP LARGO FL

TITLE PD ☒ DELETE
NAME EVERHART, GEOFFREY
STREET ADDRESS 1934 ILLINOIS AVENUE, NE
CITY-ST-ZIP ST PETERSBURG FL

TITLE D ☐ DELETE
NAME BOWEN, W. SPENCER
STREET ADDRESS 7021 HIBISCUS AVE S
CITY-ST-ZIP ST PETERSBURG FL

TITLE D ☐ DELETE
NAME HOLM, ROBERT
STREET ADDRESS 488 42ND AVE N
CITY-ST-ZIP ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE PD ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE D ☐ Change ☒ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

BRIAN TALLEY
14914 WINDING CREEK CT. #103B
TAMPA, FL 33613

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 119.07(3)(k), 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:

Donald S. Malcolm
DONALD S. MALCOLM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 (813) 328-1940
Date Daytime Phone

CR2E037 (12/95)