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FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N19516** (6)

1. Corporation Name

THE MUSTARD SEED FOUNDATION, INC.

Principal Place of Business

Mailing Address

**2510 CENTRAL AVE
ST. PETERSBURG FL 33712**

**2510 CENTRAL AVE
ST. PETERSBURG FL 33712**

3. Date Incorporated or Qualified

03/04/1987

4. FEI Number

59-2781328

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24

25

29

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

10. Name and Address of New Registered Agent

**MARY LABYAK-
2510 CENTRAL AVE
ST. PETERSBURG FL 33712**

81 Name

Robert Holm

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

2510 Central Avenue

83

84 City

St. Petersburg

FL

85 Zip Code

33712

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

Robert K. Holm

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE **D** ☐ DELETE
NAME **TALLEY, BRIAN**
STREET ADDRESS **14914 WINDING CREEK CT # 103B**
CITY - ST - ZIP **TAMPA FL**

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

TITLE **T** ☐ DELETE
NAME **HOLM, ROBERT**
STREET ADDRESS **468 42ND AVE N**
CITY - ST - ZIP **ST PETERSBURG FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE **VP**
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition
MD
Beth Gil
2510 Central Avenue
St. Petersburg, FL 33712

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:

Robert K. Holm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-98
Date

Daytime Phone # 0051712

CR2E037 (10/97)