

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90076 048 ****61.25

0053399

DOCUMENT # N19516

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**



2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

25
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

30
Country

3. Date Incorporated or Qualified

03/04/1987

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

9. Name and Address of Current Registered Agent

**HOLM, ROBERT
2510 CENTRAL AVENUE
ST. PETERSBURG FL 33712**

10. Name and Address of New Registered Agent

81 Name **Spencer Bowen**
82 Street Address (P.O. Box Number is Not Acceptable)
2510 Central Ave.
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

Spencer Bowen

(NOTE: Registered Agent signature required when reinstating)

DATE

2-19-99

12. OFFICERS AND DIRECTORS ☐ DELETE

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

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

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

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

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

TITLE **MD**
NAME **GIL, BETH**
STREET ADDRESS **2510 CENTRAL AVENUE**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

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

2.1 TITLE **P**
2.2 NAME **Geoffrey Everhart, Sr.**
2.3 STREET ADDRESS **2616 First Avenue, N**
2.4 CITY-ST-ZIP **St. Petersburg, FL 33713**

3.1 TITLE **S**
3.2 NAME **Lisa Holt**
3.3 STREET ADDRESS **175 Fifth Street, N.**
3.4 CITY-ST-ZIP **St. Petersburg, FL 33731**

4.1 TITLE **VP**
4.2 NAME
4.3 STREET ADDRESS **7409 Burlington Avenue, N.**
4.4 CITY-ST-ZIP **St. Petersburg, FL 33710**

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

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, with all other like empowered.

SIGNATURE:

Spencer Bowen **Spencer Bowen** **2-19-99** **432-9949**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)