

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N24863

(5)

1. Corporation Name

SALVITA, INC.

Principal Place of Business

Mailing Address

419 EAST GEORGIA ST.
TALLAHASSEE FL 32301

419 EAST GEORGIA ST.
TALLAHASSEE FL 32301-1251

3. Date Incorporated or Qualified
02/16/1988

3a. Date of Last Report
03/08/1996

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

4. FEI Number

59-2873731

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLLEY, DOROTHY J.
419 EAST GEORGIA ST.
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE MD
NAME HOLLEY, DOROTHY
STREET ADDRESS 419 E. GEORGIA STREET
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

TITLE PD
NAME HARNETT, LITTY
STREET ADDRESS 339 E JEFFERSON ST
CITY-ST-ZIP QUINCY FL ☒ DELETE

TITLE VD
NAME FORD, HAROLD
STREET ADDRESS FLORIDA A & M UNIVERSITY
CITY-ST-ZIP TALLAHASSEE FL ☒ DELETE

TITLE TD
NAME HOLDER, KATHY
STREET ADDRESS 1821 KELLY STREET
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
600002171746-1
-05/08/97--01113--008
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2.1 TITLE President
2.2 NAME Kathy Holder
2.3 STREET ADDRESS 2005 Queenswood Dr.
2.4 CITY-ST-ZIP Tallahassee, FL 32308 ☒ Change ☐ Addition

3.1 TITLE Vice-President
3.2 NAME Carolyn Allen
3.3 STREET ADDRESS 919 King St
3.4 CITY-ST-ZIP Quincy, FL 32351 ☐ Change ☒ Addition

4.1 TITLE Treasurer
4.2 NAME Carolyn F. Colston
4.3 STREET ADDRESS 5024 Bradfordville Road
4.4 CITY-ST-ZIP Tallahassee, FL 32308 ☐ 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 ☐ Change ☐ Addition

14. I do 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

Dorothy J. Holley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-97
Date

Daytime Phone 0007198

FILED

97 MAY -1 PM 3:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA



CP2E037 (9/96)