

# 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

**DOCUMENT # N28953 (0)**

1. Corporation Name

**THE LAKE WORTH CITIZENS ON TASK, INC.**



Principal Place of Business

Mailing Address

1699 WINGFIELD STREET  
LAKE WORTH FL 33460  
US

1301 12TH AVENUE SOUTH  
LAKE WORTH FL 33460  
US

3. Date Incorporated or Qualified  
**10/20/1988**

3a. Date of Last Report  
**09/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 Same as above

26 P.O. Box 1125

4. FEI Number

**65-0155458**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ XX

**\$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

23

City & State

27

City & State

28 Lake Worth, FL.

24

Zip

Country

29

Zip

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOWE, RETHA  
1301 12TH AVENUE SOUTH  
LAKE WORTH FL 33460

81 Name

Same as Current

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS DEVEAUX, EDMUND  
CITY-ST-ZIP 711 S. PALMWAY  
LAKE WORTH FL 33460

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

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS GRIMES, HAROLD  
CITY-ST-ZIP 2431 NW 1ST ST.  
BOYNTON BEACH FL 33435

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

TITLE ☐ DELETE  
NAME DT  
STREET ADDRESS WIMBLY, NORMAN  
CITY-ST-ZIP 311 NE 14TH AVE.  
BOYNTON BEACH FL 33435

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS CLEARE, REV. JAMES  
CITY-ST-ZIP 1616 DOUGLAS STREET  
LAKE WORTH FL 33460

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

TITLE ☐ DELETE  
NAME ASD  
STREET ADDRESS CUNNINGHAM, BART  
CITY-ST-ZIP 7386 ASHLEY SHORES CIRCLE  
LAKE WORTH FL 33467

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Sandra B. Mortham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/23/96*

Date

Daytime Phone #

CR2E037 (12/95)