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**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 22 PH 3:36

DOCUMENT # N29172 (6)

1. Corporation Name

CONCERNED CITIZENS OF BELLEAIR, INC.

Principal Place of Business

Mailing Address

**C/O ROBERT M. SNIBBE
1115 PONCE DE LEON BLVD.
BELLEAIR FL 34616**

**C/O ROBERT M. SNIBBE
1115 PONCE DE LEON BLVD.
BELLEAIR FL 34616**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1988

3a. Date of Last Report

04/13/1994

4. FEI Number

59-2960522

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

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

**SNIBBE, ROBERT M.
1115 PONCE DE LEON BOULEVARD
BELLEAIR FL 34616**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	MUDANO, FRANK	504 POINSETTIA RD	BELLEAIR FL
VD	POLICANDRIOTES, TONY	1712 MEREDITH LANE	BELLEAIR FL
STD	WEIBLE, CHERYL	455 PARK AVENUE	BELLEAIR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 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:

Cheryl Weible
Cheryl Weible

March 17, 1995

Date

813-584-1624

Telephone