

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$188 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 17 AM 8:53

DOCUMENT # N30568 (2)

1. Corporation Name
THE JESSE A. SPICOLA FOUNDATION, INC.

Principal Place of Business Mailing Address
***ANTOINETTE WHEAT
1435D W. BUSCH BLVD.
TAMPA FL 33612**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/08/1989	3a. Date of Last Report 02/18/1994
4. FEI Number 59-2973257	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 100.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**WHEAT, ANTOINETTE
1435D W. BUSCH BLVD.
TAMPA FL 33612**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME FLOWERS, DONNA	1.1 TITLE Flowers Donna	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4504 PINE HOLLOW	CITY - ST - ZIP TAMPA FL	1.2 NAME 11708 CASEY RD	
		1.3 STREET ADDRESS Tampa Hwy 33624	
		1.4 CITY - ST - ZIP Tampa Hwy 33624	
TITLE D	NAME CABRERA, EUGENE	2.1 TITLE Je Spicola Joseph H	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4504 PINE HOLLOW	CITY - ST - ZIP TAMPA FL	2.2 NAME 11708 CASEY RD	
		2.3 STREET ADDRESS Tampa Hwy 33624	
		2.4 CITY - ST - ZIP Tampa Hwy 33624	
TITLE D	NAME SPICOLA, CYNTHIA	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4504 PINE HOLLOW	CITY - ST - ZIP TAMPA FL	3.2 NAME	
		3.3 STREET ADDRESS 11708 CASEY RD	
		3.4 CITY - ST - ZIP Tampa Hwy 33624	
TITLE D	NAME FUENTES, LAWRENCE E.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1407 W. BUSCH BLVD.	CITY - ST - ZIP TAMPA FL	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE D	NAME SPICOLA, JOSEPH	5.1 TITLE Spicola Joseph H	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4504 PINE HOLLOW	CITY - ST - ZIP TAMPA FL	5.2 NAME 11708 CASEY RD	
		5.3 STREET ADDRESS Tampa Hwy 33624	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		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 110.07(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: Joseph H Spicola Date: 6/21/95 94680

CR2E037 (3/95)