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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N31590

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Zep		te		City & State					6, Election Campaign Financing \$5.00 May Be					
JOHNSON, SAMUEL 2422 E. EMMA STREET TAMPA FL 33610 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 agent at manifest with, and accept the obligations of, Section 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 Fiorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent at manifest with, and accept the obligations of, Section 617.0507, Profit of Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 15. TAMPA FL 15. TAMPA FL 15. TAMPA FL 15. TITLE 15. TITLE 15. TAMPA FL 15. TAMPA FL 15. TITLE 15. TITLE 15. TAMPA FL 15. T		<u></u>	′ –	<u> </u>			у						. 199.032,	
JOHNSON, SAMUEL 2422 E. EMMA STREET TAMPA FL 33610 11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered official or registered agent, or both, in the State of Funda. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered sign. I am formation with, and accept the obligations of, Section 617.0503, Florida Statutes. FL		9. Name and Addre	ss of Current Regi	stered Agent				1	0. Name and Address of Ne	w Regis	tered A	gent		
2422 E. EMMA STREET TAMPA FL 33610 83 City FL 85 Ci						81	Name							
TAMPA FL 33610 83						62	Street A	ddress	(P.O. Box Number is Not Acc					
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 and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE						83								
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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-S1-2P JOHNSON, SAMUEL 2422 E. EMMA STREET TAMPA FL JOHNSON, CARMEN A.B. 2422 E. EMMA STREET JOHNSON, CARMEN A.B. 2422 E. EMMA STREET TAMPA FL DELETE 13. STREET ADDRESS 23. STREET ADDRESS 24. CITY-S1-2P JENNINGS, FRANCES C. 1746 ST. JOSEPH STREET TAMPA FL DELETE JENNINGS, FRANCES C. 1746 ST. JOSEPH STREET TAMPA FL DELETE JENNINGS, FRANCES C. 1746 ST. JOSEPH STREET TAMPA FL DELETE JENNINGS, FRANCES C. 1746 ST. JOSEPH STREET TAMPA FL DELETE JENNINGS, FRANCES C. 1746 ST. JOSEPH STREET TAMPA FL DELETE JENNINGS SIBERT ADDRESS GITY-S1-2P DELETE JENNINGS JENNINGS, FRANCES C. 1746 ST. JOSEPH STREET TAMPA FL DELETE JENNINGS JENNI					ĺ	B4	City				FL	85 Zip	Code	
Signature typed or private analy registence against and tile it applicables (NOTE Required dynamic required when retreating) DATE			ions 617.0502 and , in the State of Flor ept the obligations	617.1508, Florida Statu rida. Such change was of, Section 617.0503, F	rtes, the at authorized lorida Stat	by utes	e-named c the corpo	orpora oration	tion submits this statement for s board of directors. I hereby	the purp accept th	ne appo	hanging i intment as	ts registered registered	
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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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

1999CH (wanted. 11 Jan

Daylime Phone # 004773

FILED

May 16 1997 8:00am

Secretary of State