

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 # N32843 (7)
1. Corporation Name

COMMUNITY OPPORTUNITIES, INC.



Principal Place of Business

128 RIVERSIDE AVE
JACKSONVILLE FL 32202
US

Mailing Address

3631 HODGES BLVD.
JACKSONVILLE FL 32224
US

3. Date Incorporated or Qualified
06/15/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

128 Riverside Ave

27

Suite, Apt. #, etc.

28

Jacksonville, Florida

29

32202

30

US

4. FEI Number

31-1274995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

BEAL, ERNEST M
3631 HODGES BLVD.
JACKSONVILLE FL 32224

10. Name and Address of New Registered Agent

81 Name

BEAL, ERNEST M

82

Street Address (P.O. Box Number is Not Acceptable)

128 Riverside Ave

83

84

City

Jacksonville

FL

85 Zip Code

32202

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

5/1/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
NONEMAKER, LORETTA
STREET ADDRESS 2581 JOHNSTON ROAD
CITY-STATE-ZIP KENNESAW GA

TITLE ☐ DELETE

NAME D
STELLNER-VERSTYNEN, MARY
STREET ADDRESS 3540 ROLSTON
CITY-STATE-ZIP FT. WAYNE IN

TITLE ☐ DELETE

NAME D
FISHER, JON
STREET ADDRESS 5295 S 1100 E
CITY-STATE-ZIP LAOTTO IN

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

219-459-1551

CR2E037 (12/95)