

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

**128 RIVERSIDE AVE
JACKSONVILLE FL 32202
US**

**128 RIVERSIDE AVE.
JACKSONVILLE FL 32202
US**

2. Principal Place of Business

2a. Mailing Address

21 14333-101 Beach Blvd.

26 14333-101 Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

Zip

Country

Zip

Country

24 32250

25

29 32250

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/15/1989

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

**BEAL, ERNEST M
128 RIVERSIDE AVE.
JACKSONVILLE FL 32202**

81 Name
Ernest M. Beal, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)
14333-101 Beach Blvd.

83

84 City
Jacksonville

FL

85 Zip Code
32250

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

Ernest M. Beal, Jr., Executive Director

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/25/98

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **NONEMAKER, LORETTA**
STREET ADDRESS **2581 JOHNSTON ROAD**
CITY-ST-ZIP **KENNESAW GA**

TITLE **D** ☐ DELETE
NAME **HAVRILLA, FELICITY**
STREET ADDRESS **1508 TIPPECANOE DR APT B-2**
CITY-ST-ZIP **WARSAW IN**

TITLE **D** ☐ DELETE
NAME **FISHER, JON**
STREET ADDRESS **5205 S 1100 E**
CITY-ST-ZIP **LAOTTO IN**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-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-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Felicity Havrilla Lennox**
2.3 STREET ADDRESS **4103 Kuder Lane**
2.4 CITY-ST-ZIP **Warsaw, IN 46580**

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

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

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

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

14. I 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:

Jonathan Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-98

Date

219.459.1551

Daytime Phone #

CR2E037 (5/98)

FILED
Aug 12 1998 8:00am
Secretary of State

