

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42959 (9)

1. Corporation Name

MIGHTY-MITE UNITED CHRISTIAN DONATION CENTERS, I
NC.

Principal Place of Business

4906 113TH AVE
CLEARWATER FL 34620

Mailing Address

4906 113TH AVE
CLEARWATER FL 34620

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1991

3a. Date of Last Report

04/26/1994

4. FEI Number

59-3058887

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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

DOWNES, H. COLLINGS
10218 WILCOX CT.
TAMPA FL 33615

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

DOWNES, H. COLLINGS
10218 WILCOX CT.
TAMPA FL

D

DOWNES, DEBORAH K.
10218 WILCOX CT.
TAMPA FL

D

MITCHAM, LUPE V.
1507 BAYSHORE BLVD.
TAMPA FL

D

WHITE, RANDY
4971 S. LOIS AVE
TAMPA FL

D

MANDESE, VINCE
137 CHIPPEWA
TAMPA FL

D

WHITE, PAULA
4921 S. LOIS AVE
TAMPA FL 33611

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Director
Randy White
4971 S. LOIS AVE
Tampa FL 33611

☒ Change ☐ Addition
Delete

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Paula White
4921 S. LOIS AVE
Tampa FL 33611

☒ Change ☐ Addition
Delete

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Director
LEE ANN AUSTIN
141 CHIPPEWA
Tampa FL 33606

☐ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Director
Kenneth L. Duncan
141 Chippewa
Tampa FL 33606

☐ Change ☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Director
Janice Mandese
137 Chippewa
Tampa FL 33606

☐ Change ☒ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 or Block 14, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

000000