FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(9)

MIGHTY-MITE UNITED CHRISTIAN DONATION CENTERS, I

Principal Place of Business Mailing Address 4986 113TH AVE 4986 113TH AVE



CLEARWATER FL 34620		CLEARWATER FL 34620			
				3. Date Incorporated or Qualified 04/12/1991	3a. Date of Last Report 04/20/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3059997	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		City & State		A. 5. 1. 0. 1. 5. 1.	
City & State		28		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	itangible tax under s. 199.032,
24	25	29	30		Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	egistered Agent
			81 Name		
DOWNES	S, H. COLLINGS	A	82 Street	Address (P.O. Box Number is Not Acceptable	e) 、
	HCOX CT. 4986 113H	Aus N		4986 113H Ave	\mathcal{N}
IAMPA F	23815 Clementer	FL 34620	83		
			84 City	11	85 Zip Code
				l'ever ouro	- FL ンりんてめ
or registere	o the provisions of Sections 617.0502 a ed agent, or both, in the State of Florid h, and accept the obligations of, Section	 Such change was authorized. 	the above-named co by the corporation's	progration submits this statement for the purp board of directors. Thereby accept the appo	intment as registered agent. Lam
SIGNATURE _	Signature, typed or printed name of registered agort a	nd tille if applicable (NO1)	Registered Agent signature	equired when reinstating(DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 7 TITLE	DIYECTOY	Change Addition
NAME	WHITE, RANDY		1.2 NAME	LEE ANN AUSTIN	
STREET ADDRESS	4971 S. LOIS AVENUE	Deleve	1.3 STREET ADDRESS	A CHARLES AND A	
CITY-ST-ZIP	TAMPA FL	DELETE	1.4 CITY - ST - ZIP	Trange 12 3360	o
TITLE	D	DELETE	2.1 TITLE	Director 12 33601	Change Addition
NAME	WHITE, PAULA		2 2 NAME	H. Collings Downe	5
STREET ADDRESS	-	としとせて	2.3 STREET ADDRESS	11001 11018 058 4	()
CITY-ST-ZIP	TAMPA FL		2 4 CITY - ST - ZIP	Claproporer FL	34220
TITLE	D	DELETE	3.1 TITLE	Dsparapres Er	Division Change Addition
NAME	MITCHAM, LUPE V.		3.2 NAME	4986 113HR AUX 1	V .
STREET ADDRESS	1507 BAYSHORE BLVD.		3.3 STREET ADDRESS	1	
CHTY-ST-ZIP	TAMPA FL	- Dos. era	3 4. CITY - ST - ZIP	Clear units PL	
TITLE	D DINGAN PENNETH I	DELETE	4 1 TITLE		Change Addition
NAME	DUNCAN, KENNETH L.		4 2 NAME		
STREET ADDRESS	141 E. CHIPPAWA		4.3 STREET ADDRESS		
C!TY-ST-ZIP	TAMPA FL	DELETE	4.4 CITY - ST - ZIP		☐ Change ☐ Addition
TIFLE	D っとうと MAND OR E, JANICE	Minerelle	5.1 TITLE		Change Chadulian
NAME	137 CHPPAWA		5.2 NAME		
STREET ADDRESS	TAMPA FL		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
l i	DIVECTIV		6 1 IIILE 6 2 NAME		
NAMÉ	JINCS MANDESS	•			
STREET ADDRESS	137 CHIPPOWS	7101	6.3 STREET ADDRESS	alify for the exemption stated in Section 119.	
CITY - ST - ZIP	Thurst LC	ما ٥٥ د د	6 4 CiTY - ST - ZiP	1	07(0,0) 5: :1 0

oath; that I am an officer or dilector 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 of plants or on an attackment with an address.

SIGNATURE:

813 571-1006