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FILED  
Apr 10 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N42959 (9)  
1. Corporation Name  
MIGHTY-MITE UNITED CHRISTIAN DONATION CENTERS, I  
NC.

Principal Place of Business

Mailing Address

4986 113TH AVE  
CLEARWATER FL 34620

4986 113TH AVE  
CLEARWATER FL 34620-4817



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
04/12/1991

3a. Date of Last Report  
03/19/1996

4. FEI Number  
59-3059997

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

10. Name and Address of New Registered Agent

DOWNES, H. COLLINGS  
4986 113TH AVE N  
CLEARWATER FL 34620

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 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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS AUSTIN, LEE ANN  
CITY-ST-ZIP 141 CHIPPEWAS  
TAMPA FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS DOWNES, H COLLINGS  
CITY-ST-ZIP 4986 113TH AVE N  
CLEARWATER FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS MITCHAM, LUPE V.  
CITY-ST-ZIP 1507 BAYSHORE BLVD.  
TAMPA FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS DUNCAN, KENNETH L.  
CITY-ST-ZIP 141 E. CHIPPAWA  
TAMPA FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS MANDORE, JANICE  
CITY-ST-ZIP 137 CHPPAWA  
TAMPA FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS MANDESE, VINCE  
CITY-ST-ZIP 137 CHIPPEWA  
TAMPA FL

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  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 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 or changed on an attachment with an address.

SIGNATURE: [Signature] 11-5-97 813 571 1086

CR2E037 (9/96)