

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N42959

1. Entity Name

**MIGHTY-MITE UNITED CHRISTIAN DONATION
CENTERS, INC.**



Principal Place of Business

3300 28TH STREET NORTH
ST PETERSBURG FL 33713
US

Mailing Address

PO BOX 903
ST PETERSBURG FL 33731
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3059997

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOWNES, H. COLLINGS
3300 28TH N.
SAINT PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DOWNES, DEBORAH**
CITY- ST- ZIP **3300 28TH ST. N.**
SAINT PETERSBURG FL 33713

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DOWNES, H COLLINGS**
CITY- ST- ZIP **3300 21 ST. N.**
SAINT PETERSBURG FL 33713

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MANDORE, JANICE**
CITY- ST- ZIP **137 CHIPPEWA**
TAMPA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME **U000000273968**
STREET ADDRESS **03/23/05-80048-012 70.00**
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

H. Collings Downes **3-20-05** **898-8992**