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Feb 13 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 # N43015 (9)

1. Corporation Name

KNOW THYSELF, INC.

Principal Place of Business

Mailing Address

P.O. BOX 61414
ST. PETERSBURG FL 33784-1414

P.O. BOX 61414
ST. PETERSBURG FL 33784-1414



3. Date Incorporated or Qualified 04/15/1991
3a. Date of Last Report 02/07/1996

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

4. FEI Number 59-3059596
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, MARIE
~~8601 4TH ST. N. STE 201A~~
ST. PETERSBURG FL 33702

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
5111-66th ST. N. # 102
83
84 City St. Petersburg, FL 85 Zip Code 33709

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	M <input type="checkbox"/> DELETE	1.1 TITLE	Marie White, Pre <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, MARIE	1.2 NAME	
STREET ADDRESS	8601 4TH ST. N., STE 201A	1.3 STREET ADDRESS	5111-66th ST. N. #102
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33709
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COY, SANDY	2.2 NAME	
STREET ADDRESS	1925-55TH AVE. S. APT.3	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARDENNE, ROBERT	3.2 NAME	
STREET ADDRESS	140-7TH AVE. SO.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, SHIRLEY A.	4.2 NAME	
STREET ADDRESS	1950 - 2ND AVE. NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARMENTER, STEVJEAN	5.2 NAME	
STREET ADDRESS	29296 - U.S. HWY. 19 NO.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D. Trus. Fiscal officer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dann, La Valley	6.2 NAME	Accountant Treasurer
STREET ADDRESS	610 Manatee Dr. Fiscal office	6.3 STREET ADDRESS	Dann, La Valley
CITY-ST-ZIP	Ruskin FL. Accountant Treasurer	6.4 CITY-ST-ZIP	610 Manatee Dr. Ruskin FL.

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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Exec. Director 1/9/97 813-545-8334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052236

CR2E037 (9/96)