

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 13 1996 8:00 am
Secretary of State

DOCUMENT # N45888
1. Corporation Name

(7)

THE A. LEON LOWRY, SR. FAMILY SERVICE CENTER, INC.

Principal Place of Business

Mailing Address

**1006 W. CYPRESS ST.
TAMPA FL 33606**

**1006 W. CYPRESS ST.
TAMPA FL 33606**

3. Date Incorporated or Qualified
11/04/91

3a. Date of Last Report
05/01/1995

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

4. FEI Number
59-3089222

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

**SAUNDERS, HELEN S.
1006 W. CYPRESS ST
TAMPA FL 33606**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LOWRY, A. LEON SR.**
CITY-ST-ZIP **2602 ARCH ST.
TAMPA FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LYNCH, JOE L.**
CITY-ST-ZIP **3728 GREENFORD ST.
VALRICO FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SAUNDERS, HELEN S.**
CITY-ST-ZIP **2918 UNION ST.
TAMPA FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **NIXON, ROBERT L.**
CITY-ST-ZIP **14158 FENNESBURY DR.
TAMPA FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SMITH, JUEL**
CITY-ST-ZIP **13820 CHERRYBROOK LN
TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

**500001820065
-05/14/96--01037--027
***70.00**

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 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. LEON LOWRY, SR. 5/7/96 (813)251-4281

Date

Daytime Phone #

CR2E037 (12/95)