

FILE NOW: FILING FEE IS \$61.25

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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45888 (7)
1. Corporation Name
THE A. LEON LOWRY, SR. FAMILY SERVICE CENTER, IN C.

Principal Place of Business 1006 W CYPRESS ST TAMPA FL 33606	Mailing Address 1006 W CYPRESS ST TAMPA FL 33606
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 11/04/1991	4. FEI Number 59-3089222	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent SAUNDERS, HELEN S. 1006 W CYPRESS ST TAMPA FL 33606	
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10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D LOWRY, A LEON SR.
STREET ADDRESS	2802 ARCH STREET
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	D LYNCH, JOE L.
STREET ADDRESS	3728 GREENFORD ST
CITY-ST-ZIP	VALRICO FL
TITLE	<input type="checkbox"/> DELETE
NAME	D SAUNDERS, HELEN S.
STREET ADDRESS	2918 UNION ST
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	D NIXON, ROBERT L.
STREET ADDRESS	14752 MORNING DR
CITY-ST-ZIP	LUTZ FL
TITLE	<input type="checkbox"/> DELETE
NAME	D MARTIN, TOMMIE
STREET ADDRESS	9511 ROCKHILL RD.
CITY-ST-ZIP	THONOTOSASSA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:  4/15/98 (813) 879-6241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000000

CR2E037 (10/97)

A. LEON LOWRY SR. SERVICE CENTER, INC

1006 Cypress Street
Tampa, Florida 33606

January 13, 1998

AMENDMENT TO LETTERS OF INCORPORATION

TO: Secretary of State of Florida

FROM: The A. Leon Lowry Sr. Family Service Center, Inc.
1006 Cypress Street
Tampa, Florida 33606

Be it known that the Directors of this Corporation are as follows:

A. Leon Lowry, Sr.,
Chairman/President

Tommie L. Martin
First Vice Chairman

Robert L. Nixon
Second Vice Chairman

Joe L. Lynch
Secretary

Helen Saunders
Treasurer

Membership_____

Be it further known:

To the extent of the membership of the A. Leon Lowry Sr. Family Service Center, Inc. Board of Directors, the membership is increased from 5 to 7. The offices of Chairman of Deacons and Chairman of Trustees of the Beulah Baptist Institutional Church who have been duly elected by a majority of the members of the respective Boards, Deacons, and Trustees, are members of the A. Leon Lowry Sr. Family Service Center, Inc. Board of Directors. The period of membership is for one year. In the event of an election not being held by the respective Boards, Deacons and Trustees, these positions will remain vacant until the following year. The employee(s) of Beulah Baptist Institutional Church or the A. Leon Lowry Sr. Family Service Center, Inc. are excluded as members of the A. Leon Lowry Sr. Family Service Center Board of Directors.

A. Leon Lowry, Sr.
Chairman/President