

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90282 015 ****61.25

0049864

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45888

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



2. Principal Place of Business

21 1006 W. Cypress

Suite, Apt. #, etc.

22 ---

City & State

23 Tampa

Zip

24 33606

Country

25 USA

2a. Mailing Address

26 1006 W. Cypress

Suite, Apt. #, etc.

27 ---

City & State

28 Tampa

Zip

29 33606

Country

30 USA

3. Date Incorporated or Qualified

11/04/1991

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Anthena A. Brown

82 Street Address (P.O. Box Number is Not Acceptable)

3314 W. Lemon Street

83

84 City
Tampa

FL

85 Zip Code
33609

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

Anthena A. Brown

Anthena A Brown

April 21, 1999

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

TITLE SD ☒ DELETE
NAME LYNCH, JOE L.
STREET ADDRESS 3728 GREENFORD ST
CITY-ST-ZIP VALRICO FL

TITLE TD ☒ DELETE
NAME SAUNDERS, HELEN S.
STREET ADDRESS 2818 UNION ST
CITY-ST-ZIP TAMPA FL

TITLE SVPD ☒ DELETE
NAME NIXON, ROBERT L.
STREET ADDRESS 14752 MORNING DR
CITY-ST-ZIP LUTZ FL

TITLE FVCD ☒ DELETE
NAME MARTIN, TOMMIE
STREET ADDRESS 9511 ROCKHILL RD.
CITY-ST-ZIP THONOTOSASSA FL

TITLE TD ☐ DELETE
NAME Brown, Anthena A.
STREET ADDRESS 3314 W. Lemon Street
CITY-ST-ZIP 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

VD Johnson, La Vada

9413 Paces Ferry

Tampa, FL. 33615

SD Baker, Betty G

1916 Walnut Street

Tampa, FL 33607

D DuBose, Arnold

1405 Bucwood Ct.

Brandon, FL 33511

D Thompson, Carl

9031 Arndale Circle

Tampa, Florida 33615

D Tyson, Edward

8305 LaSerenda Drive

Tampa, FL 33614

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, with all other like empowered.

SIGNATURE:

Anthena A. Brown

Anthena A. Brown

April 21, 1999 (813)251-3382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)