

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

DOCUMENT # N48243 (2)

1. Corporation Name

APOPKA COALITION TO IMPROVE OUR NEIGHBORHOOD, INC.



Principal Place of Business

Mailing Address

% JOHN H. BRIDGES COMMUNITY CENTER
445 WEST 13TH ST.
APOPKA FL 32703

% JOHN H. BRIDGES COMMUNITY CENTER
445 WEST 13TH ST.
APOPKA FL 32703

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. BOX 157

3. Date Incorporated or Qualified
04/03/1992

3a. Date of Last Report
10/02/1995

4. FEI Number
59-3117841

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State
APOPKA, FLORIDA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country
32704 USA

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

**HARGROVE, CHARLES D ESO
224 ANNIE STREET
ORLANDO FL 32806**

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 filer if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP KING, RICHARD REV**
STREET ADDRESS **37 E 19TH STREET**
CITY-STATE-ZIP **APOPKA FL 32703**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **DS SALMON, EARTHA**
STREET ADDRESS **16 EAST 15 ST.**
CITY-STATE-ZIP **APOPKA FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **D DANIELS, R.D. REV**
STREET ADDRESS **1012 S. CLARCONA ROAD**
CITY-STATE-ZIP **APOPKA FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **DT MILLSAP, SUZIE**
STREET ADDRESS **172 RAND ROAD**
CITY-STATE-ZIP **APOPKA FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE ☒ DELETE
NAME **DVP FERNANDEZ, FLORENCE**
STREET ADDRESS **4013 RAPIDS COURT**
CITY-STATE-ZIP **APOPKA FL 32703**

51 TITLE ☒ Change ☐ Addition
52 NAME **DVP CLIFFORD MOORE**
53 STREET ADDRESS **812 S. LAKE AVENUE**
54 CITY-STATE-ZIP **APOPKA, FLORIDA 32703**

TITLE ☐ DELETE
NAME **D WASHINGTON, G.H. REV**
STREET ADDRESS **1028 S. LAKE AVE**
CITY-STATE-ZIP **APOPKA FL 32703**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

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: REV. RICHARD E. KING *Rev. Richard E. King* **2-19-96** **(407) 877-7614**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)