## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

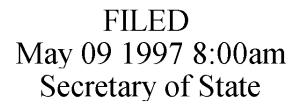
APOPKA COALITION TO IMPROVE OUR NEIGHBORHOOD, IN

Principal Place of Business

Mailing Address

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

PO BOX 157 APOPKA FL 32704-0157





					04/03/1992	03/25/1996	ort								
	Place of Business	2a. Mailing Address	j Address		4. FEI Number 59-3117841	Applie									
21 Suite And	26			333111041			pplicable								
22 Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired			\$8.75 Additional Fee Required								
City & State City & State			, , , , , , , , , , , , , , , , , , , ,		6. Election Campaign Financing	\$5.00 Ma	ıv Be								
23 28				Trust Fund Contribution Added to Fees											
Zip	Country	Zip	Countr	у	This corporation has liability for intangible tax under s. 199.032,										
24	25	29	30		Florida Statutes Yes No										
	9. Name and Address of Cu	irrent Registered Agent		T	10. Name and Address of New Registered Agent										
			81	Name											
HARGROVE, CHARLES D ESQ 224 ANNIE STREET ORLANDO FL 32806				82 Street Address (P.O. Box Number is Not Acceptable) 83											
									,		84	City		FI_ 85 Zip Cod	le
								11. Pursuant	to the provisions of Sections 617	2.0502 and 617.1508, Florida Statu	ites, the abov	re-named	corporation submits this statement for the purp	nose of changing its re	gistered
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		gadane an beatien an isosay,	normal branch												
SIGNATURE	Signature, typed or printed name of registere	ed agent and title if applicable. (NC	DTE: Rogistered Ag	ent signature	required when reinstating)	DATE									
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS II	N 12								
TITLE	DP DELETE		1.1 TITLE		D		X Addition								
NAME	KING, RICHARD REV		1.⊉ NAME		McCray Regina, S.		ľ								
STREET ADDRESS	PRESS 37 E 19TH STREET		1.8 SYREE	T ADDRESS	324 West 14th Stree	⊋t									
CITY-ST-ZIP	APOPKA FL 32703		1.4 CITY-		McCray, Regina S. 324 West 14th. Stree Apopka, Florida 32	703									
TITLE	DS XX DELETE		2.1 TITLE		DS		₹ Addition								
NAME	SALMON, EARTHA		2.2 NAME		Woods, Shirley 245 East Cleveland Street										
STREET ADDRESS	44 5445 44 45		. ,	1 ADDRESS											
CITY-ST-ZIP	APOPKA FL		2.4 CITY-		Apopka, Florida 3270	)3									
TITLE	D DELETE		3.1 TITLE			Change	Addition								
NAME	DANIELS, R.D. REV														
STREET ADORESS	4040 0 014000111 0040			1 ADDRESS :											
CITY-ST-ZIP	1000/4 51			3 (L CITY-ST-7)P											
TITLE	DT DELETE		41 TITLE	OI TH	Change		Addition								
NAME	MILLSAP, SUZIE		4.2 NAME			ondings	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
STREET ADDRESS	470 0440 0040			1 ADDRESS											
CITY-ST-ZIP	IDODYA EL		4.4 CITY-												
TITLE	<b>5.1 6.</b>		5.1 1ITLE		DVP	X Change	Addition								
NAME	MACONE OF INCOME.		5.2 NAME		MOORE, CLIFFORD 312 S Lake Avenue										
STREET ADDRESS	A4A O LAVE AVE			T ADDRESS											
CITY-ST-ZIP	ADODICA EL		5.≹ CITY-		Apopka, Florida 32703										
TITLE			6.1 TITLE	J. 14		Change	Addition								
NAME	WHAT INTO THE STATE OF THE STAT		6.2 NAME												
STREET ADDRESS	dana a saum sam			T ADDRESS											
CITY-ST-ZIP	APOPKA FL 32703		6.4 C/TY-												
14. I do hereby certify that the information supplied with this filing does not qualify for					lated in Section 110 07/9Vi). Etorida Statutos	further partiful that the									

I do nevery certary that the importation supplied with this tilling does not quality for the exemption statled in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under each; 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.