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May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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, IN
C.

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
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/03/1992		3a. Date of Last Report 03/25/1996	
21		26		4. FEI Number 59-3117841		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARGROVE, CHARLES D ESQ
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, RICHARD REV	1.2 NAME	McCray, Regina S.
STREET ADDRESS	37 E 19TH STREET	1.3 STREET ADDRESS	324 West 14th. Street
CITY-ST-ZIP	APOPKA FL 32703	1.4 CITY-ST-ZIP	Apopka, Florida 32703
TITLE	DS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALMON, EARTHA	2.2 NAME	Woods, Shirley
STREET ADDRESS	16 EAST 15 ST.	2.3 STREET ADDRESS	245 East Cleveland Street
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	Apopka, Florida 32703
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, R.D. REV	3.2 NAME	
STREET ADDRESS	1012 S. CLARCONA ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLSAP, SUZIE	4.2 NAME	
STREET ADDRESS	172 RAND ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	5.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, CLIFFORD	5.2 NAME	MOORE, CLIFFORD
STREET ADDRESS	312 S LAKE AVE	5.3 STREET ADDRESS	312 S Lake Avenue
CITY-ST-ZIP	APOPKA FL	5.4 CITY-ST-ZIP	Apopka, Florida 32703
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, G.H. REV	6.2 NAME	
STREET ADDRESS	1028 S. LAKE AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)