

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90040 007 ****61.25

0012718

DOCUMENT # N48243

1. Corporation Name

APOPKA COALITION TO IMPROVE OUR NEIGHBORHOOD, IN C.

Principal Place of Business

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

Mailing Address

PO BOX 157
APOPKA FL 32704
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date incorporated or Qualified

04/03/1992

4. FEI Number

59-3117841

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

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 **601 North Magnolia**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE **DS** ☐ DELETE
NAME **WOOD, SHIRLEY**
STREET ADDRESS **245 EAST CLEVELAND ST.**
CITY-ST-ZIP **APOPKA FL**

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

TITLE **D** ☐ DELETE
NAME **FLANDERS, KAREN**
STREET ADDRESS **8 W 14TH ST**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **DVP** ☐ DELETE
NAME **MOORE, CLIFFORT**
STREET ADDRESS **312 S LAKE AVE**
CITY-ST-ZIP **APOPKA FL**

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

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

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: **Richard E. King** 3/3/99 407-880-0185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)