FILE NOW: FILING FEE IS $61.25

FILED
May 01, 1999 8:00 am
Secretary of State
05-01-1999 90038 038 ****61.25

0049870

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N48923

1. Corporation Name
FLORIDA ADLERIAN SOCIETY, INC.

Principal Place of Business	Mailing Address
607 W HORATIO TAMPA FL 33606 US	607 W HORATIO STREET TAMPA FL 33607 US

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 05/15/1992

4. FEI Number: 59-3142579 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

EVANS, MONICA
9122 ROCKROSE DR.
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name: Timothy Evans
82 Street Address (P.O. Box Number is Not Acceptable): 9122 Rockrose Dr.
83: Tam
84 City: Tampa FL 85 Zip Code: 33647

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: Timothy D. Evans — 3-18-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PRIVATEER, CHUCK		1.2 NAME		
STREET ADDRESS	P.O. BOX 905 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33593		1.4 CITY-ST-ZIP		
TITLE	PD	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GAINFORTH, RANDALL		2.2 NAME		
STREET ADDRESS	5616 OAKLAND DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KANE, DANIEL		3.2 NAME		
STREET ADDRESS	3301 SAN PEDRO STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE	PD	☑ Change ☐ Addition
NAME	ADLER, PAM		4.2 NAME	Adler, Pam	
STREET ADDRESS	3141 LAKE ELLEN DR		4.3 STREET ADDRESS	3141 Lake Ellen Dr.	
CITY-ST-ZIP	TAMPA FL 33618		4.4 CITY-ST-ZIP	Tampa, FL 33618	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, TIM		5.2 NAME		
STREET ADDRESS	9122 ROCKROSE DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	VD	☐ Change ☑ Addition
NAME			6.2 NAME	Lolita Grohman	
STREET ADDRESS			6.3 STREET ADDRESS	4322 South park Dr	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Tampa, FL 33624	

CR2E037 (11/98)

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: SIGNATURE REQUIRED Daniel Kane 4/27/99 (813) 238-8557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #