

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 # N49603 (6)

1. Corporation Name

LUCY DELL CMIC ORGANIZATION, INC.



Principal Place of Business

**6408 N 44TH STREET
TAMPA FL 33610**

Mailing Address

**6408 N 44TH STREET
TAMPA FL 33610**

3. Date Incorporated or Qualified

06/29/1992

3a. Date of Last Report

06/05/1995

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

**REED, BETTY
6408 N 44TH STREET
TAMPA FL 33610**

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME **KINSEY, HURBERT**
STREET ADDRESS **6405 N. 44TH STREET**
CITY-ST-ZIP **TAMPA FL**

TITLE VD ☐ DELETE

NAME **REED, BETTY**
STREET ADDRESS **6408 N. 44TH STREET**
CITY-ST-ZIP **TAMPA FL**

TITLE S ☐ DELETE

NAME **IVERSON, JORETHA**
STREET ADDRESS **6417 44TH ST**
CITY-ST-ZIP **TAMPA FL**

TITLE T ☐ DELETE

NAME **BLACK, KATRIS**
STREET ADDRESS **6408 N. 45TH ST**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☒ Change ☐ Addition

12 NAME **MARTHA WILLIAMS**
13 STREET ADDRESS **6407 44th Street**
14 CITY-ST-ZIP **TAMPA, FL 33610**

21 TITLE VP ☒ Change ☐ Addition

22 NAME **GARY MC NEALY**
23 STREET ADDRESS **6411 N. 45th St.**
24 CITY-ST-ZIP **TAMPA, FL 33610**

31 TITLE S ☒ Change ☐ Addition

32 NAME **KATRIS MANUEL-BLACK**
33 STREET ADDRESS **6408 N. 45th St.**
34 CITY-ST-ZIP **TAMPA, FL 33610**

41 TITLE T ☒ Change ☐ Addition

42 NAME **Betty Reed**
43 STREET ADDRESS **6408 N. 44th St.**
44 CITY-ST-ZIP **TAMPA, FL 33610**

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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☐ Change ☐ Addition

Handwritten signature

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: *Katrise Manuel - Black*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96 (813) 623-1720
Date Daytime Phone #

CR2E037 (12/95)