

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

6408 N 44TH STREET  
TAMPA FL 33610

6408 N 44TH STREET  
TAMPA FL 33610

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

REED, BETTY  
6408 N 44TH STREET  
TAMPA FL 33610

3. Date Incorporated or Qualified

06/29/1992

4. FEI Number

59-3114958

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

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: *Betty Reed*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 7/6/98

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WILLIAMS, MARTHA ☒ DELETE  
STREET ADDRESS 6407 44TH STREET  
CITY-ST-ZIP TAMPA FL

TITLE VD  
NAME REED, BETTY ☒ DELETE  
STREET ADDRESS 6408 N. 44TH STREET  
CITY-ST-ZIP TAMPA FL

TITLE S  
NAME IVERSON, JORETHA ☒ DELETE  
STREET ADDRESS 6417 44TH ST  
CITY-ST-ZIP TAMPA FL

TITLE T  
NAME BLACK, KATRISIE ☒ DELETE  
STREET ADDRESS 6408 N. 45TH ST  
CITY-ST-ZIP TAMPA FL

TITLE PD  
NAME WILLIAMS, MARTHA ☒ DELETE  
STREET ADDRESS 6407 44TH ST.  
CITY-ST-ZIP TAMPA FL 33610

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Betty Reed  
1.3 STREET ADDRESS 6408 N. 44th Street  
1.4 CITY-ST-ZIP Tampa, FL 33610

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME Katrise Black  
2.3 STREET ADDRESS 6408 N. 44th Street  
2.4 CITY-ST-ZIP Tampa, FL 33610

3.1 TITLE I ☒ Change ☐ Addition  
3.2 NAME Martha  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE I ☐ Change ☐ Addition  
4.2 NAME Martha Williams  
4.3 STREET ADDRESS 6407 N. 44th Street  
4.4 CITY-ST-ZIP Tampa, FL 33610

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 unchanged or on an attachment with an address.

SIGNATURE: *Betty Reed*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 7/6/98

Daytime Phone #

FILED  
Jul 09 1998 8:00am  
Secretary of State



CR2E037 (5/98)