## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS** 

DOCU 1. Corporatio	MENT # N5011	4 (0)				
· ·	ration community chu	IRCH, INC.				4 ANDER BARK BARK BARK BARK BARK
Principal Place of Business Malling Address			·		r ribarrings des Erist maint stant frühlt mint min	ii Aidia minsi namii Albii nidii jadi
18406 SHAGBARK PLACE TAMPA FL 33618		16406 SHAGBARK PLACE TAMPA FL 33618		3. Date Incorporated or Qualified 07/29/1992		
					4. FEI Number	Applied For Not Applicable
2. Principal Place of Business 2a. Mailing Address					59-3134856  5. Certificate of Status Desired	
21	26				6. Certificate of Status Desired	Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing	\$5.00 May Be
		City & State	10		Trust Fund Contribution	Added to Fees
23 26					7. Is this nonprofit corporation a homeon	
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the	
24	25		30		Personal Property Tax due June 30.	☐ Yes 🗹 No
	9. Name and Address of Curre	nt Registered Agent	81	11000	10. Name and Address of New Registe	red Agent
D#11111	41174		[81	Name		
PELHAM, ALLEN 17333 SIMMONS RD.			82	Street A	ddress (P.O. Box Number is Not Acceptable)	
LUTZ FL			83			
CO12 1 L						last as a s
			84 City			FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable. (NOTE	E. Registered Age		corporation submits this statement for the purpo oration's board of directors. I hereby accept the equired when reinstaling)  DA	TE
12.	OFFICERS AND DIRECTORS  DELETE		13. 1.1 TiTLE		ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	LONG, CLIFFORD E	- Diffic	1.2 NAME			C Overige C Notices
STREET ADDRESS	ARRA 111 1110 COMO 41 CO 41 A 41 A 41		1.3 STREET	ADDRESS		
CITY-ST-ZIP	TAMPA FL 33614		1.4 CITY-S	T-ZIP		
TITLE	D	DELETE	2.1 TITLE			Change Addition
NAME	BABIONE, DANIEL		2.2 NAME			
STREET ADDRESS	10225 FLEETWOOD DR TAMPA FL		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			,
CITY-ST-ZIP TITLE	STD DELETE		3.1 TITLE	21.48		Change Addition
NAME	PELHAM, ALLEN	HAM, ALLEN 32		-		i
STREET ADDRESS	17333 SIMMONS RD.		3.3 STREET	ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		3.4. CITY - 5	it-zip		
TITLE	D DAVID	DELETE 4.1 T		ľ		☐ Change ☐ Addition
NAME STREET ADDRESS	Spencer, David 3812 Little Run Rd.		4, 2 NAME 4,3 STREET	ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		4.4 CITY-S	1		
TITLE	0	DELETE	5.1 TITLE	· • • • • • • • • • • • • • • • • • • •		Change Addition
NAME	HOWELL, TRACY		5.2 NAME	]		
STREET ADDRESS	11703 PHOENIX CIRCLE		5.3 STREET	ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY - S	T-ZIP		Fla. material
TITLE		☐ DELETE	6,1 TITLE	l	Director	Change Addition
NAME			6.2 NAME	4000000	Long, Eugene E. 16406 stagfark M. Tangon El 3361	
STREET ADDRESS			6.3 STREET	AUUHESS	16406 stagent Pl	B

14. Thereby certify that the information supplied with this filling 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 logal 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:

**FILED** 

May 05 1998 8:00am

Secretary of State