## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUI	MENT # N5083	6 (8)			
	GE REACHOUT SUPPORT,				
	at hthoroof our only	1110		1 10 0 1 10 1 10 10 10 10 10 10 10 10 10	8 (1) <b>2 (2) ( 0) ( 1) ( 1) ( 1) ( 1) ( 1) ( 1)</b>
Principal Plac	o of Duningna	Mailing Address			
		3		· .	
, and an		3717 WHITTIER ST. Tampa FL 33619-1441			
				3. Date incorporated or Qualified	3a. Date of Last Report
				09/15/1992	01/29/1996
· '	Place of Business	2a. Mailing Address		4. FEI Number 59-3139248	Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	28   Zip	Country	Trust Fund Contribution  8. This corporation has liability for	Added to Fees
24	25		30		Yes No
	9. Name and Address of Curre			10. Name and Address of New R	egistered Agent
			81 Name		
WILDS, BOBBY			82 Street	Address (P.O. Box Number is Not Accepta	ble)
3717 WHITTIER ST. TAMPA FL 33619			83		
1/41/11/7.1	1 2 000 10		84 City		85 Zip Code
<u> </u>					FL   '
11. Pursuant office or r	to the provisions of Sections 617.050 registered agent, or both, in the State	02 and 617.1508, Florida Statute e of Florida. Such change was a	es, the above-named uthorized by the corp	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
agent. Fa	m familiar with, and accept the oblig	pations of, Section 617.0503, Flo	rida Statutes.		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	Registered Agent signature	required when reinstating)	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	D MILDO DODDY	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	WILDS, BOBBY 3717 WHITTIER ST.		1.2 NAME 1.3 STREET ADDRESS		•
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	COLLIE, LYNDA		2.2 NAME		
STREET ADDRESS	3208 E. PARIS		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33610	DELETE	2. 4 CITY-ST-ZIP		Change Addition
. TITLE NAME	D ABRAMS, JOSEPH	[] DELETE	3.1 TITLE 3.2 NAME	;	Charles Theorem
STREET ADDRESS	1314 E. WILDER AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33603		3.4. CITY-ST-ZIP		
THILE	D	☐ DELETE	4.1 TITLE		Change Addition
NAME	WILLIAMS, EARLIE		4. 2 NAME		
STREET ADDRESS	3002 E. DIANA ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33610	Deter	4.4 CITY - ST - ZIP		Change Addition
TITLE		DELETE	5.1 TITLE		C Cuantia C WOOding
NAME OTREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	· ·	
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do 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.

**FILED** 

Jan 31 1997 8:00am

Secretary of State