

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90022 026 ****61.25

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DOCUMENT # N51353

1. Corporation Name

DISTRICT THIRTEEN, INC.

Principal Place of Business

Mailing Address

3590 S TUTTLE AVE
SARASOTA FL 34239
US

3590 S TUTTLE AVE
SARASOTA FL 34239
US



2. Principal Place of Business

21 3320 Loveland Blvd

Suite, Apt. #, etc.

22 City & State

23 Port Charlotte, FL

24 Zip

33980

Country

25 Charlotte

2a. Mailing Address

26 3320 Loveland Blvd

Suite, Apt. #, etc.

27 City & State

28 Port Charlotte, FL

29 Zip

33980

Country

30 Charlotte

3. Date Incorporated or Qualified

10/19/1992

4. FEI Number

65-0370029

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

9. Name and Address of Current Registered Agent

CROWLEY, RIMOTHY M
2000 WEBBER ST.
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

Bishop-Wilson, Linda

82 Street Address (P.O. Box Number is Not Acceptable)

4301 Sibley Bay St.

83

84 City

Port Charlotte

FL

85 Zip Code

33980

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.

Linda Bishop-Wilson

3-15-99

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CROWLEY, TIMOTHY M

STREET ADDRESS 2000 WEBBER ST

CITY-ST-ZIP SARASOTA FL 34239

TITLE ST ☐ DELETE

NAME GUIBERSON, ANN

STREET ADDRESS 3590 S TUTTLE AVE

CITY-ST-ZIP SARASOTA FL 34239

TITLE D ☐ DELETE

NAME VAC, ANDREW W

STREET ADDRESS 440 GULF OF MEXICO DR

CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE D ☐ DELETE

NAME MARKEY, WAYNE

STREET ADDRESS 1332B E OAK ST

CITY-ST-ZIP ARCADIA FL 34266

TITLE D ☐ DELETE

NAME STILLMAN, ROGER

STREET ADDRESS 648 INDIANA AVE

CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE D ☐ DELETE

NAME GRANT, JR R

STREET ADDRESS 3014 MANATEE AVE W

CITY-ST-ZIP BRADENTON FL 34205

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Bishop-Wilson, Linda

1.3 STREET ADDRESS 4301 Sibley Bay St.

1.4 CITY-ST-ZIP Port Charlotte, FL 33980

2.1 TITLE ST ☒ Change ☐ Addition

2.2 NAME Pizarro, Linda

2.3 STREET ADDRESS 3320 Loveland Blvd

2.4 CITY-ST-ZIP Port Charlotte, FL 33980

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME White, Norm

3.3 STREET ADDRESS 2369 Risken Ter

3.4 CITY-ST-ZIP Port Charlotte, FL 33981

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME MacWilliams, Judy

4.3 STREET ADDRESS 3265 D Tamiami Tr.

4.4 CITY-ST-ZIP Port Charlotte, FL 33952

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME Shayman, Geri

5.3 STREET ADDRESS 1931 Tamiami Tr.

5.4 CITY-ST-ZIP Port Charlotte, FL 33948

6.1 TITLE D ☒ Change ☐ Addition

6.2 NAME Gonsalves, Jeannine

6.3 STREET ADDRESS 4410-A Tamiami Tr.

6.4 CITY-ST-ZIP Charlotte Harbor, FL 33980

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)