

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 # N92000000953 (1)

1. Corporation Name

THE GREATER AUBURNDALE EDUCATION AND BEAUTIFICAT  
ION FOUNDATION, INC.



Principal Place of Business

Mailing Address

111 EAST PARK ST.  
AUBURNDALE FL 33823

111 EAST PARK ST.  
AUBURNDALE FL 33823

3. Date Incorporated or Qualified

12/28/1992

3a. Date of Last Report

04/26/1995

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

4. FEI Number

59-3151989

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EPPERSON, RAYMOND  
111 EAST PARK STREET  
AUBURNDALE FL 33823

81 Name

Tony Persichetti

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

111 East Park Street

83

84 City

Auburndale

FL

85 Zip Code

33823

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

*Tony Persichetti*

Tony Persichetti

April 16, 1996

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	EPPERSON, RAYMOND	
STREET ADDRESS	111 E. PARK ST.	
CITY - ST - ZIP	AUBURNDALE FL 33823	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERSICHETTI, TONY	
STREET ADDRESS	217 MAIN STREET	
CITY - ST - ZIP	AUBURNDALE FL 33823	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BUSH, LYNDIA	
STREET ADDRESS	208 E PARK ST	
CITY - ST - ZIP	AUBURNDALE FL 33823	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	DOT, CALDWELL	
STREET ADDRESS	111 E PARK ST	
CITY - ST - ZIP	AUBURNDALE FL 33823	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHUMATE, VIC	
STREET ADDRESS	310 GANDY RD.	
CITY - ST - ZIP	AUBURNDALE FL 33823	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROLLINS, DOUG	
STREET ADDRESS	209 PALMETTO ST	
CITY - ST - ZIP	AUBURNDALE FL 33823	

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tony Persichetti	
1.3 STREET ADDRESS	111 E Park St, Auburndale,	
1.4 CITY - ST - ZIP	33823	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lynda Bush	
2.3 STREET ADDRESS	203 E Park St	
2.4 CITY - ST - ZIP	Auburndale, FL 33823	
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Chuck Corneal	
3.3 STREET ADDRESS	111 E Park St, Auburndale, FL	
3.4 CITY - ST - ZIP	33823	
4.1 TITLE	DST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dot Caldwell	
4.3 STREET ADDRESS	111 E Park St, Auburndale	
4.4 CITY - ST - ZIP	33823	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Vic Shumate	
5.3 STREET ADDRESS	310 Gandy Rd	
5.4 CITY - ST - ZIP	Auburndale, FL 33823	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Doug Rollins	
6.3 STREET ADDRESS	209 Palmetto St	
6.4 CITY - ST - ZIP	Auburndale, FL 33823	

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)(b), 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: *Tony Persichetti*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tony Persichetti

4/16/96 (941) 967-3400

Date

Daytime Phone #

CR2E037 (12/95)